

**Department of Social  
Services**

**Report: Evaluation of the  
Escaping Violence Payment  
Place-Based Trial**



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# Executive summary

In October 2021 the Australian Government established a 2-year trial of the Escaping Violence Payment (EVP)<sup>1</sup> with the aim of reducing financial barriers associated with leaving violent intimate partner relationships.<sup>2</sup> The EVP:

- is delivered outside the social security system by a national provider – the UnitingCare Network (the EVP provider)
- is available to people who are aged over 18 years and Australian citizens or permanent residents, have experienced intimate partner violence and are experiencing financial hardship and changed living circumstances within the last 12 weeks<sup>3</sup> as a result of that violence
- provides access of up to \$5,000 in financial assistance (a cash or equivalent payment of up to \$1,500 and the remainder in goods, services and support)
- provides case work support for up to 12 weeks, including risk assessment and safety planning
- provides referrals to related services.

The place-based trial commenced in February 2023 to provide specialised and culturally appropriate support to Aboriginal and Torres Strait Islander victim-survivors located in the Cairns region, Cape York and Torres Strait, Queensland, through a local community-controlled organisation, the Remote Area Aboriginal and Torres Strait Islander Child Care, or RAATSICC (the place-based trial provider).

## Evaluation of the EVP and the place-based trial

The EVP was designed to trial Australian Government financial payments for victim-survivors of intimate partner violence, and test policy and service delivery settings. It was envisaged that operational arrangements would need to change during the trial, and that evidence would be required to support this. To provide timely evidence, the Department of Social Services (the department) commissioned an evaluation of both the EVP national and place-based trials. The national trial evaluation has been reported.<sup>4</sup> This report addresses additional findings from specific data collection and analysis undertaken to formalise learnings from the place-based trial.

## Key findings – EVP place-based trial evaluation

<b>277 people have accessed over \$1.3 million in support through the EVP</b>	The place-based trial has been under-subscribed. As of 17 May 2024, 277 people have accessed the place-based trial compared to the 1,000 originally forecast. The client cohort is 95% female, with 3 in 10 clients based in Cairns. 10% and 4% respectively have been from Cape York and the Torres Strait. \$1,319,309.10 has been provided to clients through the place-based trial in cash, goods and services. The place-based trial provider has also provided risk assessment and safety planning, wrap around service delivery and warm referrals to other services.
<b>The place-based trial appears to have extended the reach of the</b>	Findings suggest that also providing a brokerage payment through a place-based provider can be effective in extending program reach. This includes supporting people with cultural and complex service needs to make choices about leaving violent relationships. However, whilst some clients would only access the EVP through a community-controlled

<sup>1</sup>The trial has now been extended to 31 January 2025, with the extension outside the scope of this evaluation.

<sup>2</sup>This trial was later extended until end June 2025

<sup>3</sup>Either left a residence or had the violent partner leave the residence.

<sup>4</sup>The report can be found at: [www.dss.gov.au/women-programs-services-reducing-violence-safety-programs/evaluation-of-the-escaping-violence-payment-evp-trial](http://www.dss.gov.au/women-programs-services-reducing-violence-safety-programs/evaluation-of-the-escaping-violence-payment-evp-trial)

<b>national trial</b>	provider, a number of place-based clients would likely have accessed the EVP via the mainstream provider if this was the only option, especially if accessing the payment via a trusted community service rather than self-referral.
<b>The EVP continues to be highly effective in supporting people leaving violent relationships</b>	Key outcomes reported by place-based trial recipients include reduced financial and emotional stress, increased confidence and greater autonomy. Whilst the financial support provided enabled many of these changes, the advice and support clients received from EVP case managers was also seen as an important factor in achieving outcomes. This finding is in line with the national trial, highlighting the importance of case management in EVP design. The place-based trial has also suggested that the holistic case management and culturally safe support provided by a community-controlled provider contributes to additional comfort, choice and sense of safety.
<b>Factors supporting effectiveness in the place-based trial</b>	A number of factors have been identified as critical to the effectiveness of the place-based trial. These include culturally safe service delivery, developing specific pathways to access for clients in remote areas, balancing fraud and safety considerations when establishing eligibility and promoting the service, ensuring privacy in local settings, building community-controlled organisation capacity and ensuring access to appropriate supports outside the EVP.
<b>Low efficiency observed in the place-based trial</b>	The place-based trial was characterised by a high cost to deliver, however, this additional cost appears to be required to achieve more equitable service access for some clients, including people with specific cultural and complex needs and located in remote areas.
<b>Was the design appropriate to meeting client needs</b>	The place-based trial has worked well to illustrate the practice and benefits of culturally appropriate service delivery. However, this evaluation has also illustrated that relatively short pilot timeframes are not well suited to building capacity in community-controlled organisations and establishing new programs in community settings. The experience of the trial has suggested that modifications may need to be made to program design to better support people living in violent relationships in remote areas, or complementary programs delivered. This includes increased flexibility for eligibility and payment provision, as well as additional service support to address healing needs resulting from intergenerational trauma.

## Potential future considerations – learning from the place-based trial

The following 'lessons learnt' are provided to inform future place-based programs.

### **Delivery through community-controlled organisations extends reach and improves outcomes**

Cultural safety considerations mean that delivering through community-controlled organisations in addition to mainstream services appears to be required to extend reach and improved outcomes with respect to choice and safety.

### **Delivery through community-controlled organisations may require additional time and resourcing for capacity building; this includes sufficient establishment time**

Recognising that community-controlled organisations may be delivering a program type or in a specialist program area for the first time, providing additional establishment time and resources to support developing practice protocols and standards, and building systems and workforce may be helpful.

### **Choice of provider is important**

Being able to choose between mainstream and community-controlled providers is important for safe access to government entitlements for Aboriginal and Torres Strait Islander peoples. Place-based trials and service delivery through community-controlled organisations should complement but not replace mainstream service offerings.

### **Place-based service delivery requires on ground service delivery**

Place-based service delivery will be most successful where there are on ground workers. This can be achieved through outreach and locally based workers.

### **Factors supporting service delivery in remote areas and by community-controlled organisations**

There are complexities involved in delivering place-based services. This includes promoting the program and establishing eligibility in a way that balances fraud, safety and equity considerations, ensuring privacy in local settings, and building community-controlled organisation capacity. Ensuring these factors are explicitly taken into account in future program design and delivery will be important. For instance, program establishment timeframes will ideally take into account capacity building in community-controlled organisations, including difficulties in recruiting staff. There is an opportunity to consider ways to better support capacity with respect to scale, staffing, systems and data, and practice protocols and standards. Allowing for more extensive community consultation and engagement with Elders is also desirable.

### **Encouraging service sector collaboration**

Service sector collaboration is critical to place-based service delivery, especially in remote areas. Potential challenges involved in building and maintaining collaborative community service delivery relationships suggest that partnership and multidisciplinary approaches should be a key aim for future funding arrangements. For example, tender processes might be structured to advantage community buy-in and collaboration. Building on existing community authorisation frameworks may also be helpful given the trial environment means that longer consultation or a tailored approach is not possible (for example, Empowered Communities).

### **Payment amount in remote areas**

Findings have suggested that the value of the payment is effectively halved in remote areas due to freight costs, and that travel costs remain a potentially significant barrier to leaving a violent relationship. This should be considered as an equity issue in structuring future iterations of the EVP.

### **Design to meet needs in remote communities**

The trial has further suggested that a standalone brokerage payment attached to leaving a violent relationship may be less effective in meeting the range of victim-survivor needs in remote areas, and that the payment amount does not achieve as much in remote areas. Tailored design should be considered for future programs, including considering increased flexibility for eligibility and payment delivery.

### **Design to break the cycle of violence**

The trial has suggested that entrenched violence in some communities requires significant additional investment. This includes extended and wrap around service delivery to support prevention, early intervention and healing, in addition to programs such as the EVP.

### **Measuring impact**

This mid-point evaluation suggests potential outcomes, but has not been able to measure impact due to lack of data. We recommend the department consider longitudinal data analysis and experimental design for future impact measurement strategies.

# EVP place-based trial

The prevalence of violence, and specifically family and domestic violence, against women in Australia is pervasive and unacceptably high. The severity and prevalence of intimate partner violence against Aboriginal and Torres Strait Islander women occurs at a significantly higher rate than for non-Indigenous women.

Lack of access to finances is a key barrier for those leaving abusive relationships and establishing and sustaining lives free from violence. Without money to establish and sustain a home, those leaving abusive relationships are driven into unsafe and insecure living situations, increasing the likelihood of returning to abusive relationships. Aboriginal and Torres Strait Islander peoples living in regional and remote areas can face additional, specific challenges, including limited services and varying levels of local community resourcing. There are significant financial costs to leaving remote communities and challenges in staying, including housing, employment and potential retribution. Connection to Country, community and culture means that leaving a location is often not a sustainable solution for many Aboriginal and Torres Strait Islander people.

The EVP aims to reduce the financial insecurity and/or financial stress associated with leaving a violent relationship, and hence the barriers associated with individuals leaving a violent relationship.

The EVP is being delivered through two trial programs: a national program and a place-based program. Both involve the provision of up to \$5,000 in financial assistance as well as supporting people over a 12-week period, including through referral to other services. The department has funding and overall responsibility for both programs.

The place-based trial provides the EVP to Aboriginal and Torres Strait Islander and other people located in the Cairns region (Yarrabah, Innisfail, the Atherton Tablelands and the Cassowary Coast) as well as Cape York and the Torres Strait. It commenced on 27 February 2023 and is being delivered by RAATSICC, a local, community-controlled service. Whilst the place-based trial has maintained the national trial policy settings, operationalisation of the trial involved extensive consultation with local services to co-design the tender and contract process to ensure it was fit for purpose. It has also taken into account:

- learnings from the national trial with respect to timeframes for establishment and delivery, and service sector relationships
- the value of culturally appropriate service provision.

To articulate how the place-based trial is intended to work, a working program theory was co-developed with the provider and the department. The overall objective of the place-based trial is that Aboriginal and Torres Strait Islander people in the service footprint have the financial resources and appropriate supports to make choices about leaving a violent partner, and hence are safer.

The theory of change holds that through providing culturally safe financial supports, the EVP will contribute to meeting immediate financial needs (reducing the financial stress associated with leaving a violent relationship and financial drivers to return), provide clients with an enhanced sense of agency and control over their lives, and increased connections to the wider service sector, as might be needed for healing.

It was hypothesised that potential clients in the trial footprint would be more likely to access EVP via the place-based trial (than if only the national trial had been in operation) and that local communities would be engaged in, and critical to, finding local solutions for individuals.

# Evaluation purpose and methodology

The evaluation of the EVP place-based trial will inform the design of current and future Australian Government programs and policies, including the delivery of place-based supports under the Leaving Violence Program. The key purpose of the evaluation was to support:

- **Accountability:** To report on what has been done and achieved with the funds invested, including accountability for responding to community needs and providing a culturally appropriate and safe service for Aboriginal and Torres Strait Islander victim-survivors.
- **Improvement:** To support refinement of the model through learning, evidence gathering, improvement and program iterations during and after the trial.
- **Knowledge:** To help establish a local evidence base on what works and what the needs are in the community, with particular emphasis on understanding the cultural needs and nuances for Aboriginal and/or Torres Strait Islander women accessing the program.

The evaluation assessed the three place-based trial criteria: effectiveness, efficiency and appropriateness. These criteria are framed as key evaluation questions in the table below, with sub-questions providing further detail on focus areas for the trial.

## Evaluation questions

Key question	Sub-questions
<b>Effectiveness: How effectively was the trial implemented and delivered?</b>	<ul style="list-style-type: none"><li>• What were the characteristics of people applying, granted and those assessed as ineligible for EVP?</li><li>• What were the most common supports provided to EVP clients?</li><li>• What was the experience of those who accessed the EVP place-based trial?</li><li>• How well did the service collaborate with local communities and services to support good outcomes for EVP recipients?</li><li>• What outcomes are being achieved for those who accessed support through the trial, both intended and unintended?</li><li>• What factors influenced program effectiveness?</li></ul>
<b>Efficiency: How efficient was the trial in the delivery of services?</b>	<ul style="list-style-type: none"><li>• Was the trial implemented as planned?</li><li>• How efficient was the trial in providing funding to individuals?</li></ul>
<b>Appropriateness: Was the design of the trial appropriate to supporting its objectives?</b>	<ul style="list-style-type: none"><li>• How responsive has the service been to known and emerging local needs?</li><li>• What were the key design components that facilitated or hindered successful service delivery?</li></ul>

## Methodology

The evaluation involved a multi-method approach undertaken between December 2021 and May 2023, including:

- refining the program logic, and evaluation and performance measurement frameworks
- a review of relevant academic and grey literature and the administrative data

- qualitative interviews with 40 clients, 40 referral agencies/stakeholders, and ongoing engagement with the EVP provider and the department.

Interviews were designed to be flexible, lasting between 30-120 minutes, and conducted face-to-face and via phone and Teams. Discussion guides are included at Appendix 1.

Cultural leadership was provided by Ms Jo Borg of Mura Consulting, who partnered with the Where to team through the design, fieldwork and reporting stages of the evaluation.

The evaluators gratefully recognise the expertise and generosity of all those who provided feedback, without whom this report would not be possible.

The Victoria University Human Research Ethics Committee provided approval for the evaluation research.

## Limitations

A key limitation for this evaluation has been the limited data available to understand the experiences of different client cohorts, impact at scale, and comparative impact between the national and place-based trials. We suggest that this limitation is addressed at program design stage for any future iteration of the EVP.



# Findings

The following sections details findings against the key evaluation questions.

**How effectively** was the trial implemented and delivered?

**How efficient** was the delivery of the EVP?

**How appropriate** was the EVP model in supporting outcomes?

## How effectively was the trial implemented and delivered?



This section addresses the following evaluation questions:

- What were the characteristics of people granted and those assessed as ineligible for EVP?
- What were the most common supports provided to EVP clients?
- What was the experience of those who accessed the EVP place-based trial?
- How well did the service collaborate with local communities and services to support good outcomes for EVP recipients?
- What outcomes are being achieved for those who accessed support through the trial?
- What factors influenced program effectiveness?



Key findings:

- The place-based trial has been significantly under-subscribed. As of 17 May 2024, 277 people have accessed the place-based trial compared to the 1,000 originally forecast for the trial period to 30<sup>th</sup> June 2024.
- \$1,297,809.40 has been provided in cash, goods and services. The place-based trial provider also provided wrap around service delivery and warm referrals to other services.
- Findings demonstrate that a brokerage payment from a place-based provider is highly effective in supporting people to leave violent relationships and can extend national trial access through supporting people with complex and culturally diverse service needs. This appears to be most successful where there are on ground workers to engage and develop trusted relationships within small communities.



Considerations for future implementation of the EVP and post-trial programs include:

- The trial has suggested that choice of mainstream and community-controlled providers is important for safe access for, and to meet the diverse needs of, Aboriginal and Torres Strait Islander peoples.
- The trial has highlighted the complexities involved in delivering services in remote areas, establishing eligibility in a way that balances fraud and safety considerations, encouraging promotion of the service via word of mouth, ensuring privacy in place-based settings, and building community-controlled organisation capacity. Ensuring these aspects are taken into account in future program design and delivery will be important.

- The trial has further suggested that a standalone brokerage payment attached to leaving a violent relationship may be less effective in remote areas where people have fewer choices in leaving violent relationships, and that the payment has less utility in remote areas.
- The trial has highlighted challenges involved in building and maintaining collaborative community service delivery relationships, and the need to encourage this.

## What were the characteristics of people granted and those assessed as ineligible for EVP?

At 17 May 2024, there had been 935 enquiries to the EVP place-based trial. Of these, 277 applicants were found to be eligible, and received at least one payment. A further 35 applicants received an immediate assistance payment but were later found to be ineligible for further assistance. During the trial period, 512 Aboriginal and Torres Strait Islander people in the place-based trial footprint accessed the EVP via the national trial provider.

Place-based trial client numbers are significantly below targets. Initial metrics suggested that 1,000 clients would receive support through the place-based trial by 30 June 2024.

### Demographic characteristics

Demographics characteristics for place-based trial participants reflect those of the national trial.<sup>5</sup> To date, clients in the place-based trial have been clustered in Cairns, with almost 10% from the Torres Strait, and 4% from Cape York. In contrast, around 40% of national trial participants in the place-based trial footprint were from Cairns, 1.8% from the Torres Strait and 3.4\* from Cape York.

**Table 1: Program comparison of client gender**

Gender	National trial	Place-based trial
Female	96%	95%
Male	4%	5%

\*Due to missing data, the place-based trial figures shown in the above table represent 87% of the total sample for these participants. \*Note discrepancies between DEX data provided by RATSICC. DEX data shown above.

**Table 2: Program comparison of Aboriginal/Torres Strait Islander status**

Aboriginal/Torres Strait Islander	National trial	Place-based trial
Aboriginal	69%	60%
Aboriginal and Torres Strait Islander	20%	17%
Torres Strait Islander	11%	17%

\*Due to missing data, the place-based trial figures shown in the above table represent 84% of the total sample for these participants.

**Table 3: Program comparison of client household composition**

Household composition	National trial	Place-based trial
Single (person living alone)	20%	17%

<sup>5</sup>Comparisons with national trial data use statistics reported in the Evaluation of the Escaping Violence Payment (EVP) trial, and were correct at 31 May 2023.

Household composition	National trial	Place-based trial
Parent with dependants	58%	59%
Couple with dependants	2%	1%
Group (related adults)	6%	13%
Group (unrelated adults)	2%	3%
Homeless/no household	7%	8%

\*Due to missing data, the place-based trial figures shown in the above table represent 59% of the total sample for these participants.

**Table 4: Program comparison of client homelessness status**

Homeless	National trial	Place-based trial
Yes	29%	20%
At risk	33%	32%
No	35%	48%

\*Due to missing data, the place-based trial figures shown in the above table represent 39% of the total sample for these participants.

**Table 5: Program comparison of client income**

Income source	National trial	Place-based trial
Government payments/pension/allowance	84%	78%
Paid employment	12%	16%
Nil income	2%	4%
Self employed	0%	1%

\*Due to missing data, the place-based trial figures shown in the above table represent 24% of the total sample for these participants.

**Table 6: Program comparison of employment status**

Employment status	National trial	Place-based trial
Not working and not looking for work	13%	37%
Unemployed	29%	35%
Paid work part-time	9%	14%
Paid work full-time	6%	10%
Parenting	36%	3%
Studying part-time	1%	1%
Studying full-time	1%	1%
Caring	2%	0%

\*Due to missing data, the place-based trial figures shown in the above table represent 50% of the total sample for these participants.

**Table 7: Location of residence of clients**

Client post code	Suburb	National trial, no. and % clients		Place-based trial, no. and % clients	
4850	Ingham	14	2.70%	0	0%

Client post code	Suburb	National trial, no. and % clients		Place-based trial, no. and % clients	
4854	Tully	14	2.70%	6	2.20%
4860	Innisfail	34	6.60%	31	11.40%
4869	Edmonton	38	7.40%	10	3.70%
4870	Cairns	207	40.40%	75	27.50%
4880	Mareeba	8	1.60%	5	1.80%
4871	Yarrabah	26	5.10%	38	13.90%
4872	Dimbulah	11	2.10%	0	0%
4873/ 4874	Mossman, Nanum – Cape York	17	3.40%	11	4%
4875/4876	Torres Strait	12	1.80%	26	9.60%
4883	Atherton	26	5.10%	5	1.80%
4865	Gordonvale	11	2.10%	5	1.80%
4868	White Rock	34	6.60%	20	7.30%

## Reasons for ineligibility

A proportion of enquiries did not convert because applicants did not meet the eligibility criteria. This included:

- people who have recent experience of family/domestic violence but not intimate partner violence
- where the change of living circumstance was more than 12 weeks ago
- where violence has been perpetrated by someone other than an intimate partner
- Aboriginal and Torres Strait Islander people who live outside the jurisdiction for the place-based trial.

Interestingly, 30 ineligible enquiries were made by people who had already accessed the EVP in the last 12 months.

Reasons for ineligibility or not proceeding are further illustrated in the table below.

**Table 8: Reasons for ineligibility**

Reason	Count	%
Already accessed in 12 months	30	5%
Didn't meet changed living criteria	17	3%
Didn't meet financial stress criterion	1	0%
Didn't meet IPV criteria	37	7%
Out of region	229	41%
Didn't meet timeframe criteria	5	1%
Withdrew enquiry/application	9	2%

## What were the most common supports provided to EVP clients?

The EVP provides access of up to \$5,000 in financial assistance. This includes a cash or equivalent payment of up to \$1,500 and the remainder in goods, services and support. Of the \$1,500 cash payment, up to \$500 can be paid

as an immediate assistance payment to those in crisis during the application process.<sup>6</sup> Case management assists in supporting clients emotionally, and in making warm referrals to specialist services outside the EVP.

At 17 May 2024, \$1,319,309.10 had been provided to clients of the place-based EVP trial. This represents an average payment of \$4,695. Of the money, \$398,107.21 had been provided in cash payments. The data show that material aid (such as household goods), accommodation and transport were the most accessed goods and services. In the qualitative research, clients and place-based trial workers reported using goods and services funding in a variety of ways, such as payment of rent arrears to enable a client to remain in their home, payment of the bond on a new home, replacement of damaged goods, repairs to home and car, and even the purchase of a fire pit to assist with healing and recovery.

**Table 9: Split between cash and goods and services accessed**

Funding type	Total funding
Accommodation assistance	\$83,967.10
Cash or cash equivalent	\$398,107.21
Fundamental life skills	\$14,215.44
Health care assistance	\$3,713.80
Other material aid	\$734,232.61
Transport assistance	\$59,086.44
Counselling	\$1,956.65
Domestic and family violence support	\$4,529.85
Information/advice/referral	\$500.00

## Warm referrals

Clients are routinely advised about other supports that may assist them, and in some cases warm referrals are provided to those who would like support to contact or access these services. This includes, but is not limited to, homelessness and housing services, financial counselling, domestic violence services (accommodation and counselling) and drug and alcohol counselling, and also to immediate practical supports such as food banks. Clients who wanted, and were able, to access these services typically found them useful.

## What was the experience of those who accessed the place-based EVP trial?

People's experiences of accessing the EVP are very different depending on whether they apply directly (self-referral) or via another service (agency referral).

Self-referral involves completing a client online enquiry form and engaging with an EVP intake and case worker (depending on the service structure these may be the same or different people) to determine eligibility, complete

<sup>6</sup>The decision to make the immediate assistance payment available prior to testing eligibility was a response to the longer wait times experienced by clients in the first 18 months of the program. The department has said that the intention was to be responsive to vulnerable people in need.

risk assessment and safety planning, and support expenditure.

Agency referrals involve completing an agency online enquiry form, with agencies undertaking risk assessment, safety planning, case planning and support for spending the payment.

For the national trial, the proportion of agency referrals varied between 9% and 37%. In the place-based trial, for the 20% of clients that had a recorded referral status, 64% clients had self-referred and 37% were referred to the EVP via another service.

**The extent to which people self-referred into the EVP was a key learning for the national trial, suggesting a need for different entry points in the service system.**

However, different referral patterns in the place-based trial suggest that clients in remote areas may require additional support to successfully engage.

## Self-referred clients

### Enquiry and intake

Self-referred clients can phone the place-based trial provider, enquire online or apply in person in the provider's Cairns office or through outreach services. At 17 May 2024, 84% had enquired online, 3% via phone, 13% through support services and <1% face-to-face. Phone was reported by clients and EVP provider staff as a preferred medium, for accessibility, and also because it is less stigmatising.

Following phone and online enquiries, clients are contacted within two business days, and sometimes on the same day. The team member responsible for intake then explains how the program works and discusses what supporting documentation is required to process the application and how this can be supplied. Intake workers put a lot of effort into establishing rapport, and using language that will support clients to understand the EVP. This includes simplifying and repeating concepts and using Aboriginal English and Creole. This reportedly increased client comfort in engaging with the program. This approach reflects an example of where cultural expertise shapes engagement with clients, establishing relationships of trust required for meaningful case work.



Being able to yarn in a way that people understand and feel comfortable. I think we speak different languages. A lot of non-Indigenous speak big words. We simplify it. We take the time to make sure people understand what we are saying. Even from first contact, we are more relaxed. We go slower. When we do in person, our meeting room has plants and couches, it is not a sterile place. It is welcoming. **Place-based provider worker**

A follow-up email is sent to confirm the requirements. Clients who make a phone enquiry have the option to fill in the webform or provide their details to an EVP team member over the phone. Support is offered to those who need help to complete the form or are unable to supply the relevant documentation.

### Drop off during enquiry

Similar to the national trial, the place-based trial saw a significant drop off between enquiry and application, with 41% of applications not proceeding. This should be a focus for future program improvement.

**Table 10: Reasons for not proceeding from enquiry**

Reason	Count	%
14-day timeframe reached/no contact	228	41%

### Completing the application form and supplying supporting documentation

Clients who have internet access, photo ID and documentation about their experiences of violence, such as a domestic violence order, are generally able to complete the application form by themselves quickly and easily. Others are supported, either by place-based provider staff or by a referring service, to put in an application and

supply the necessary documentation. Clients recalled having one or more phone or face-to-face conversations with staff, who completed the paperwork on their behalf.

Similarly to the national trial, the biggest hurdle that clients face at the application phase is providing the documentation needed to support their application for the EVP, particularly in relation to evidence that they had experienced intimate partner violence and a change of living circumstances within the timeframes. Concerns about retribution, as well as fears of how they will be treated by police, could be significant barriers to reporting violence and obtaining a domestic violence order – particularly in small communities or for male applicants. Provider staff typically try to support clients to obtain documentation to determine eligibility.<sup>7</sup> Examples of this included staff driving to the applicant's home to pick up documentation, phoning the police or other services the client had accessed to determine eligibility, and supporting a client who had lost all her photo ID to apply for a replacement driver's licence.

As with the national trial, a continuous improvement focus on access channels and the application process will be of benefit for the place-based trial. This includes mode of access (for example, the appropriateness of the online form) as well as streamlining the provision of documentation, where this can be done within fraud protocols. The provider has responded to feedback in the interim evaluation report on the need for accessible staff and is in the process of putting in place additional outreach service staff with cultural expertise across the service footprint to enable the face-to-face service delivery that some clients require.

### **Case work and spending the EVP**

Once an application is approved, a case manager contacts the client (typically by phone) to discuss their situation, needs and priorities in more detail. Arrangements are made to pay the cash component of \$1,500. Depending on clients' preferences, this can be paid in full or in instalments via EFT or gift vouchers, or a combination of both. The case manager also explains that clients have 12 weeks to decide how the remaining funding for goods and services is spent, and that they will support them along the way. Where clients' needs are urgent (for example, if they need rent paid to avoid eviction or a flight paid for so they can leave the community), this is arranged straight away.

Both clients and support services reported that clients had high levels of autonomy and choice over how the EVP funds were used. Although there have been some difficulties and delays in shipping items to remote communities, or instances where cost of living pressures limited the utility of the funds, recipients said that they felt free to use the funds in whatever way they needed to establish safety and start their lives afresh. For the most part, recipients received supports that were relevant to their unique situation. The provider has placed a strong emphasis on asking about and understanding cultural needs and how these might be met during needs planning. This has left EVP recipients feeling empowered over the future direction of their lives.

Case managers generally stay in contact with clients for the course of the 12 weeks or until all their funds are spent. There were reports that staff have been proactive with communication – for example, phoning clients regularly to see how they were going, to update them on progress, and to offer emotional and practical support where needed. Referrals to other supports and services are made, where appropriate. Place-based provider staff spoke about the way in which relationships changed over time, as trust and rapport built, but also as clients were empowered to consider their own wants and needs. The 12-week timeframe for delivering services was important in this context. A signal of increased trust was the way in which clients started calling workers.

The experiences of clients who have accessed the EVP place-based trial are mostly very positive. Those who self-referred into the program generally described the case managers as non-judgemental, understanding, supportive, and responsive to their enquiries. In the client survey, 94% said that they had opportunities to identify their strengths and goals and make their own decisions (*Figure 1*), and 94% said that their cultural needs were met

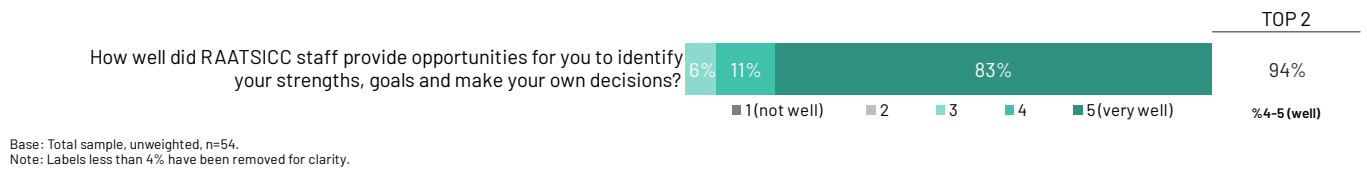
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<sup>7</sup>The Department notes that it does not make a protection order compulsory and that policy settings are that the provider can exercise professional judgement if a client does not have a protection order

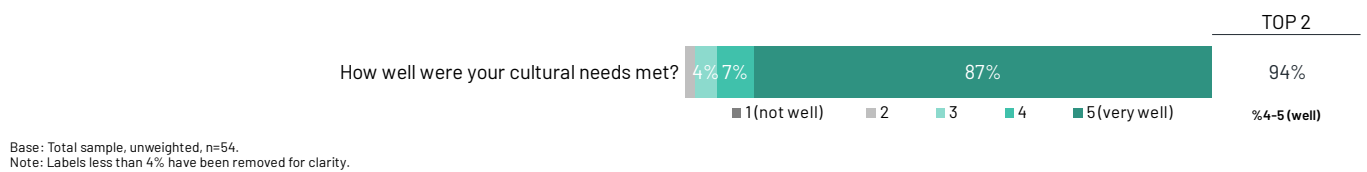
(Figure 2).

Where clients reported frustrations, these were largely to do with things that were outside the scope of the EVP, such as the shortage of suitable housing, waitlists for counselling and mental health services, and delays in obtaining the goods they needed due to seasonal road closures.

**Figure 1: Effectiveness in identifying strengths, setting goals, and decision making**



**Figure 2: Fulfillment of cultural needs**



## Experiences of referral services

Clients who were referred by other service providers had much less direct contact with provider staff but reported that any interactions were positive. They were also grateful that they didn't have to re-tell their whole story to a third party.

Referrals from support services can be made on behalf of clients escaping violence using the online or hard copy version of the support service application form. Applications can be fast tracked if the referring service can vouch for the client's eligibility, and if they have already undertaken a risk assessment and safety plan. Whilst an EVP case worker will typically contact the client to explain how the program works, the extent of direct contact with clients depends on the extent to which the referring service can undertake risk assessment and safety planning and provide ongoing support. For example, if the client is referred by a service that is not funded or equipped to provide ongoing support to people who have experienced domestic violence, case planning and management will be provided by the EVP team. However, if a person is referred by a specialist domestic violence service that has an established and ongoing relationship with the client, most interactions are between the EVP team and the referring support service, and not with the client directly.

Where the provider has existing relationships or has fostered new relationships with local communities and support services, there is evidence of strong collaboration to support good outcomes for clients. This includes:

- promoting the EVP through trusted local service providers (for example, local women's shelters, domestic violence services, health services)
- having staff attend some of the community services/refuges to be a direct point of contact for clients who wish to find out about or apply for the EVP
- contacting local services on clients' behalf to obtain the evidence required to process their application
- undertaking case planning and management for EVP recipients who do not qualify for ongoing support from the referring service
- asking workers from other provider programs who travel regularly into remote communities to promote the EVP and collect or sight client documents to speed up application processing times
- liaising with local community stores and suppliers to source goods that clients are wanting to purchase with EVP funds.



Most services that had referred clients to the place-based trial heard about the EVP through promotional material and/or information sessions conducted by provider staff. Not all were aware of the national trial.

Feedback from support services that have referred clients to EVP is mostly very positive. The application process was described as straightforward, and the response from provider was seen as timely. Referral services also appreciated that they did not have to provide extensive supporting documentation to prove that the client was eligible. Referral services noted that the place-based provider has built trust and operates differently to mainstream providers. Because of this, they are more likely to refer clients, knowing that the service will be culturally safe.



They've thought about a lot of the issues, I think, like if it wasn't with [the place-based provider] I'd be quite concerned about how it would be delivered. Mainstream services haven't actually worked in community. They haven't been on the ground to actually see what the real challenges are. You have to kind of be there for quite a while to kind of get a good concept of what you're doing. **Stakeholder**

### Opportunities to improve the referral service experience

Amongst some support services there have been signs of confusion around certain aspects of the eligibility criteria, application process and limits on spending the cash payment, including whether:

- people who have experienced multiple instances of violence over many years and/or are living in the home they shared or still share with the perpetrator are eligible for the EVP
- applicants needed to have a domestic violence order in place to qualify for the EVP
- clients who wanted to move away from the region were still eligible for the place-based trial (that is, they didn't have to stay in the region to maintain eligibility)
- agencies needed to submit copies of supporting documentation as part of the application, or would be able to vouch for clients, as with the national trial
- the EVP can be spent on accommodation or car repair or purchase.

As part of the ongoing engagement with stakeholders, it will be important to clarify that the EVP can support people who remain in their home if the perpetrator has left, that EVP funds can also be used to help applicants leave the home if they wish to do so, that there are a range of ways that clients can demonstrate the change of circumstances, and what the payment can be spent on.

## How well did the service collaborate with local communities and services to support good outcomes for EVP recipients?

### Trial design and provider selection

The place-based trial provider's selection occurred following a consultation process between the department, community controlled and women's safety sector organisations in Cairns. The consultation addressed the most appropriate footprint for the trial and selection process.<sup>8</sup> However, whilst the department encouraged a collaborative service delivery approach, the successful provider applied alone. Following selection, there were disrupted relations between local services that have only recently been resolved. This was a significant barrier to referrals in the Cairns region, and highlights challenges involved in building and maintaining collaborative community and service relationships. This suggests that collaboration should be a key aim for future selection

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<sup>8</sup>The final decision on how large the footprint would be was made between the department and the selected provider.

processes. This includes considering where different types of expertise can provide a best practice multidisciplinary response (for example, culturally responsive and specialist family violence response).

## Provider engagement approach

The place-based trial provider's efforts to establish itself need to be understood in the context of:

- its service footprint prior to the EVP, where the provider did not operate in some areas of Cape York, or the Torres Strait or Cassowary Coast
- the EVP representing a relatively new service offer for the provider, which required adjustments in relationships and building credibility with the women's safety sector.

The place-based trial provider understood that the success of the EVP would rely on extending its existing relationships and explaining its role in service delivery, as well as raising awareness of and educating on the EVP. In deciding on the service footprint, the provider had to balance equity considerations with ease of delivery. For equity reasons, the provider decided to extend the trial footprint as far as possible (knowing that this would be of benefit to under-served communities). This has meant additional work to establish the provider in some locations, and possibly impacted on perceptions of trial success.

The provider engaged with Traditional Owners in Cairns, Innisfail, the Atherton Tablelands, Mareeba, Yarrabah and Cape York as part of setting up the place-based trial, as well as with referral services. The provider notes that an extended establishment phase would ideally have allowed for further engagement with Traditional Owners.

The provider's engagement strategy also included:

- developing a promotional pack including posters, fliers and a slide show
- launching a social media campaign
- holding information sessions for other services in Cairns and undertaking community visits/meetings outside Cairns with the local community and service sector (facilitated by the provider's network of Elders)
- promoting the EVP via other programs that the provider runs.

Provider community engagement focused on establishing awareness, referral pathways for the EVP, as well as options for provider staff to seek advice on meeting cultural needs specific to the wide range of communities eligible to apply for the trial. This includes on:

- barriers to leaving
- needs of individuals accessing the EVP (including for healing)
- implications for when an individual with a cultural or caring role leaves a community.

The latter can have a high impact in a very small community and can also have implications for a woman's capacity to remain out of a violent relationship.

## Opportunities to improve engagement

Reports from stakeholders working in Aboriginal and Torres Strait Islander community-controlled and domestic and family violence services suggest that the provider's engagement approach is working well, building awareness of the EVP, and creating personal connections with members of the EVP team. However, there is work still to be done to increase awareness of, and engagement with, the place-based trial and build trust in the provider. Stakeholder consultations suggest that whilst the provider does have experience in place-based human services<sup>9</sup>, it does not have a strong or established reputation in the women's safety sector in Cairns and is not well known

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<sup>9</sup>This includes a program supporting children who witness family and domestic violence, a women's shelter in Cape York, family programs and National Redress Scheme Support Services.

outside Cairns and Cape York. Whilst efforts are being made to engage and build relationships with services and local communities where the provider (and its expertise) is less well known, this will naturally take time.

The provider is now looking to establish a more formal advisory group in the Torres Strait in an effort to support further uptake in this area. The group will provide advice on promotion, access pathways and cultural nuances, as well as regional issues. An example of the latter is managing circumstances where women from Papua New Guinea are accessing women’s safety services, but seemingly are not eligible for the EVP. This advisory group may also provide cultural and community training for the provider team and, when participants need to move between communities, support cultural introductions, such as a formal welcome.

## What outcomes are being achieved for those who accessed support through the trial?

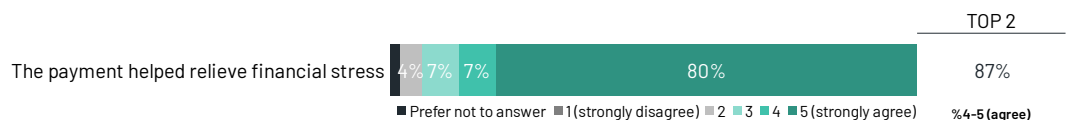
The place-based trial aimed to contribute to the safety of Aboriginal and Torres Strait Islander families and households in the place-based trial footprint. Below we discuss ways in which the EVP contributes to meeting financial as well as emotional needs through spending the payment and receiving support through case management and referral.

### Meeting financial needs

The overarching program outcome is that Aboriginal and Torres Strait Islander people in the place-based trial service footprint have the financial resources and appropriate supports to help them make choices about leaving violent relationships. Similarly to the national trial, the place-based EVP trial has been highly successful in achieving this aim for clients.

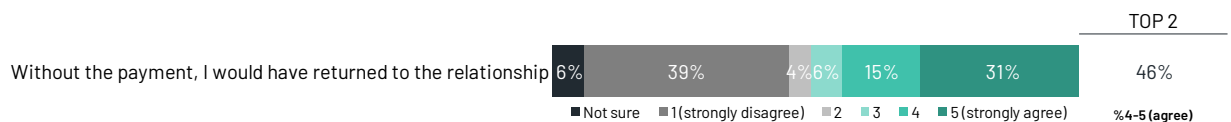
Almost 9 in 10 (87%) place-based trial recipients who answered the service satisfaction survey reported that accessing the EVP reduced financial stress (Figure 3). Similarly to the national trial, clients felt that this financial support meant that they were less likely to return to violent relationships for financial reasons. Almost half (46%) of those who responded to the client survey reported that without this financial intervention they would have returned to a violent relationship (Figure 4).

**Figure 3: Alleviation of financial stress**



Base: Total sample, unweighted, n=54.  
 Note: Labels less than 4% have been removed for clarity.

**Figure 4: Impact of payment on returning to a violent relationship**



Base: Total sample, unweighted, n=54.  
 Note: Labels less than 4% have been removed for clarity.

As with the national trial, the focus of the place-based trial has been on meeting immediate financial needs. This includes food, shelter and transport as well as safety planning. Place-based trial recipients reported a number of positive outcomes as a result of their involvement with the place-based trial. These outcomes were unique to each individual, but included such things as:

- immediate needs being met (such as purchase of food, clothing, bedding, emergency accommodation) and the relief of reduced financial stress

- increased housing security through payment of rent to avoid eviction from home, repairs to make the home liveable, a bond to secure new accommodation
- meeting housing needs, and hence ending child protection involvement
- making repairs/purchasing equipment (such as security cameras, mobile phone, new locks, car repairs) that increased their physical and psychosocial safety
- support to move away from the perpetrator and other harmful influences in their lives
- purchase of items and services that assisted with emotional recovery and increased cultural wellness.

The place-based trial provider had intended that a key focus for the trial would be on meeting cultural safety needs as part of delivering the goods and services component. Whilst the EVP place-based trial has been *delivered* in a culturally safe way, for clients the priority for spending EVP funds has been meeting the costs of daily living. This partly reflects pressing needs following leaving a violent relationship, but also increases in cost of living and the need for clients to invest in temporary accommodation because ongoing accommodation is not available.

Whilst we had hypothesised that participants living in remote and very remote areas might have different patterns of access for the goods and services component (for example, spending more on transport and accommodation), the quality of administrative data able to be provided to the evaluation has not been sufficient to allow for a robust analysis of this. This is suggested as a focus for data improvement.

## Meeting non-financial needs

The performance framework includes a number of non-financial outcomes, including that as a result of accessing the EVP, clients:

- are physically and psychosocially safer
- have increased agency and more of a sense of control in their lives
- feel the service supported and respected their choices.

Key outcomes reported by EVP recipients include increased confidence, reduced stress, and greater autonomy over their lives. Whilst the financial support provided through the EVP enabled many of these changes, the advice and support clients received from their EVP case manager was also seen as an important factor in achieving good outcomes, particularly for those who self-referred.



We were obviously in a really bad space mentally. We couldn't get out of the headspace and were feeling very low. We used some of the payment to go away for the weekend and it really helped us. Even a couple of days, broke that cycle, and left us feeling a lot more positive. We could think straight. **EVP client**

I was homeless, and got connected up with a support worker at [service]. EVP happened to be there on the day... Everything happened really quickly from there. I got vouchers for food and stuff straight away, and they gave me cash for a bond loan for an apartment. The rest we worked out over a few weeks, so I could think through what I needed...I just wish I knew about it earlier, that's all, so maybe I wouldn't have been homeless. **EVP recipient**

I have been in DV relationships in the past. Back then I was less financially secure. I stayed for that reason. If I had known about the EVP I would have left that relationship. **EVP recipient**

The money has helped heaps. But it is also knowing that people had cared. Not many people know about my situation, there are things I can't talk about... It was very important to be cared for and understood and believed. **EVP client**

The majority of people do want to call up and have a yarn. Someone to talk to that they feel has time for them. Some people spent their money in two weeks. A lot of them keep open just in case. I have had calls where

people have rung up to tell me how life changing that is. The option for people to pick up the phone and yarn.

**Place-based trial provider**

I'm feeling much better about the future... I tried to leave the relationship a few months before, but he was saying how are you going to manage, I tried to leave but I didn't know how.... After almost ten years of DV with him, I'm starting to feel like I'm coming out of my shell. **EVP recipient**

I'm really impressed with it. One of my clients had such good outcomes. She was really delighted. It helped to set her up in a new place that she can afford, near her mum. She's got all the things she needs for her baby. With that kind of support, she's less likely to fall back into being homeless and at risk. **Support service**

It's been a big positive impact. I haven't found a new place yet, but it's saved me a ton of money and that's a huge relief. I've got all the big things I need like a bedroom suite, a dryer and washing machine, a fridge. I'm all set up for when I do get the new place and can move straight in.... It's a positive impact on my life. **EVP recipient**

## Comparison of national and place-based trial outcomes

The place-based trial payment appears to be achieving both a wider and narrower range of outcomes than the national trial. Whilst it has appeared less likely than the national trial to prompt people to leave violent relationships, the place-based trial has demonstrated additional opportunities for healing, child protection outcomes, inclusive access for people in complex circumstances and education and career outcomes. Place-based outcomes and building capacity in community-controlled organisations were also observed for the place-based trial.

**Table 11: Comparison of place-based and national trial outcomes**

Place-based trial specific outcomes	National trial specific outcomes
Cultural safety in service practice, supports greater choice and opportunity for healing	The EVP as a prompt to leave violent relationships
Collaboration between service providers leads to child protection outcomes	
Tailored service promotes access for people with complex circumstances	
A focus on encouraging education and career outcomes	
Place-based outcomes	
Building capacity in community-controlled organisations	

### National trial outcome – the EVP as a prompt to leave violent relationships

The greater promotion of the national trial meant that potential clients were aware of this option before leaving a violent relationship and the EVP could be a trigger to reconsider the possibility of leaving a violent relationship. Because the place-based trial is not broadly known, this was not an outcome observed in the Cairns region.

### Place-based trial outcome – cultural safety in service practice, supports greater choice and opportunity for healing

Clients observed that culturally safe support in service delivery meant that they were encouraged to take the time, and felt safe, to consider how spending the \$5,000 might best suit their needs. This was particularly important where they had come to the EVP provider in crisis and didn't feel able to reflect thoughtfully or fruitfully on their needs at the beginning of the 12 weeks. Clients also reported that the place-based team understood cultural considerations particular to the community from which they were escaping violence and leaving, and how this may impact on a future decision to return to that community.

### Place-based trial outcome - collaboration between service providers leads to child protection outcomes

In a number of instances, collaboration between the place-based trial provider and other local service providers had led to positive child protection outcomes. This included instances where children were not removed, or were returned, because their parent could now provide them with a safe home.

The provider delivers other child and family services that are funded by child protection, and this means they have an existing relationship with child protection services. This streamlines the relationship and collaboration strengths between child protection and the EVP provider. For future place-based delivery, this should be a procurement consideration if the intention is to also achieve more positive child protection outcomes.



We are in talks with child safety, we sit in their office and do enquiries and applications... We get on board with the managers and case managers and are present so they know we are willing to help. **Place-based provider team member**

One of my clients is in the reunification stage of child safety. I spoke with the case manager and client about what was required. She had been in a bad domestic violence situation, and the kids had come into care because of that. Because of the EVP she has gotten a house and furniture. The kids now come and have sleepovers. That is massive. **Stakeholder**

### Place-based trial outcome - tailored service promotes access for people with complex circumstances

Whilst the national trial provider can tailor services at need, the assumption is that a relatively transactional service involving the streamlined delivery of funds will suffice for most. In contrast, the place-based trial provider tailors delivery to flexibly meet the needs of every client. This is particularly important where clients have cognitive disability, drug and alcohol misuse issues, and complex family situations. The place-based provider is particularly adept at respectfully engaging in these situations.



It was a complex case, with family members in the room, and two EVP workers. There were lots of dynamics going on in that space. Mental health issues, drug use. All the client wanted was a new phone, to get onto socials. Everyone was trying to slow them down a little bit and it took a long time. That is the beauty of the service, we could all sit together. If the service was over the phone, it just wouldn't work. **Place-based trial provider**

### Place-based trial outcome - a focus on encouraging education and career outcomes

A noticeable focus for the place-based trial was connecting or supporting clients to consider study and employment goals. These were reported by clients to be important in establishing an independent and financially sustainable life following leaving a violent relationship. This focus appears to come from the place-based provider's commitment to achieving longer-term outcomes for clients.



I'm really so very grateful. I feel a lot more confident about where I'm going. I'm studying ATSI primary health. I was going to quit, but now I'm halfway through. It feels like a fresh new start. **EVP recipient**

### Place-based trial outcome - place-based outcomes

Place-based outcomes beyond those delivered to individual clients were not originally included in the program logic as outcomes but appear to be a notable unintended consequence of the trial.

Over time, awareness and trust in the provider have increased, and connections between the provider and other community-controlled and community services strengthened. This was particularly true where there were existing relationships between staff working for the place-based provider and other organisations – including personal relationships, and provider staff having previously worked for other organisations, and understanding their purpose, culture, systems and aims. The experience of the trial indicates that strengthened relationships are leading to place-based outcomes, where collaboration between services leads to increased outcomes for clients. An example of this is child protection outcomes, where the EVP provider collaborated with child protection authorities to avoid child removal or support return. Conversations with the provider and other stakeholders suggests that this investment in relationships extends further than the EVP, and that they will support a strengthened service sector over time. Another example is where first responders have been encouraged to review their role in light of access to the EVP, especially where repeated visits over time have led them to believe that intervening in a violent relationship is futile.

**The original program logic did not include place-based outcomes beyond outcomes for individuals**

For further place-based programs, outcomes should also address opportunities to strengthen collaboration in the service sector.

A further place-based outcome is that the provider has accrued significant intelligence on the needs of community. For instance, the provider has observed the impact of a lack of men's behaviour change services in the trial footprint, with a number of EVP clients accessing this as a result of a common perpetrator. Ideally, future program design would consider how to best harness this intelligence to inform policy and resourcing decisions.

**Place-based trial outcome – building capacity in community-controlled organisations**

By giving autonomy to a community-controlled organisation to deliver the EVP, the department has built capacity in the provider. This includes:

- extending scope of practice to include delivery of financial payments
- furthering data collection capabilities
- extending staff expertise and confidence
- extending the provider's service footprint and ability to provide culturally safe services across the region.

## What factors influenced program effectiveness?

The place-based trial for the EVP built on learnings from the national trial, about the factors required to deliver successful client outcomes:

- accessible and inclusive application and assessment processes
- effective risk assessment and safety planning
- timeliness of access and streamlined payments
- flexible case work support provided according to need
- client choice and agency
- access to appropriate supports outside the EVP
- referral service access.<sup>10</sup>

The place-based trial has confirmed the critical role of these factors. It has further provided learnings on:

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<sup>10</sup>We refer to the national trial evaluation report for a full discussion of these factors.

- culturally safe and local service delivery
- improving service access for clients in remote areas
- establishing eligibility in a way that balances fraud and safety considerations
- promotion via word of mouth
- ensuring privacy in place-based settings
- building community-controlled organisation service capacity
- access to appropriate supports outside the EVP
- a collaborative relationship between the department and place-based trial provider.

## Culturally safe and local service delivery

A key reason for commissioning the place-based trial was the assumption that Aboriginal and Torres Strait Islander people leaving or who have left violent partners are more likely to access the EVP because:

- the provider's local reputation and status as a community-controlled organisation would be a key factor in Aboriginal and Torres Strait Islander people choosing to access the EVP
- local promotion would mean people are more likely to hear about the EVP
- involvement of local service providers increases pathways to access
- positive word of mouth would be a factor in creating awareness and people choosing to access the EVP.

Analysis of administrative data suggests that Aboriginal and Torres Strait Islander people in the place-based trial footprint are now accessing the national and place-based services at similar rates. During the place-based trial period, 512 Aboriginal and Torres Strait Islander people in the place-based trial service footprint accessed the EVP through the national provider and 277 through the place-based trial provider.

The national provider has increased their reach into the footprint over time (for instance, from the service start to end May 2023 the national trial provider had reached 59 people in total in the service footprint). It is not clear whether having a place-based provider amplifies all options for applying or whether the national trial has built its own reputation over time, or if the increased national trial numbers reflect a combination of both and other reasons.

The high levels of uptake for Aboriginal and Torres Strait Islander peoples through the national trial begs the question: what added benefit has culturally appropriate and safe service delivery provided, and is this preferred by Aboriginal and Torres Strait Islander peoples if they have the choice? Whilst the small number of place-based trial clients, and lack of ability for the evaluation to compare choice of service for national versus place-based trial clients at scale means that we can't provide a definitive answer to this, we can make some limited observations about how service delivery has differed, and what has influenced client choice.

The experience of the place-based trial suggests that there are some important differences between the place-based and national trial delivery arrangements:

- The majority of staff employed to deliver the place-based trial are Aboriginal and Torres Strait Islander. This was seen by many as being a key factor in providing a culturally safe service for Aboriginal and Torres Strait Islander people. Recipients said they felt comfortable opening up to the staff because they felt they were likely to be less judgemental than mainstream services outside the EVP program. Demand for a culturally safe service is also reflected in the number of enquiries from Aboriginal and Torres Strait Islander people who live outside the catchment area for the place-based trial. However, as mentioned, the national trial has received strong demand from Aboriginal and Torres Strait Islander peoples, and the evaluation is still to develop evidence for the specific impact of culturally safe service provision on EVP program outcomes.



- There are multiple 'ways in' for clients who self-refer. Although most self-referrals to date have been through the webform, people are welcome to phone or email the provider with enquiries, lodge an application by phone, or drop by to speak to a staff member in person. From the start of the place-based trial, the phone number was advertised prominently on the website and promotional materials.
- Additional support has been provided to clients who had difficulties completing the application and/or obtaining the documentation needed to process it. Examples of this included: staff members going to a client's home to collect documents because the client didn't know how to send them by email; asking workers from other provider programs who were travelling to remote communities to collect or sight client documents to speed up application processing times, and travelling to meet face-to-face with a potential client who did not have ID and was difficult to engage by phone.
- The provider has been actively engaging support services in the region to promote the place-based trial.

For some clients and support services referring into the EVP, the place-based trial provider's status as a community-controlled organisation has been a key factor in Aboriginal and Torres Strait Islander people choosing to access the EVP. This partly reflects awareness. None of the EVP clients interviewed for this evaluation were aware of the national EVP trial, suggesting that local promotion of the EVP place-based trial played an important role in access. Clients also said they felt comfortable interacting with place-based provider staff because they were more likely to understand their circumstances and cultural context. This is expected to strengthen as the provider continues to build its team's local knowledge, connections and experience in remote communities, particularly in the Torres Strait. Establishing cultural safety reportedly made it easier for clients to share information that would support service delivery, but also develop a supportive relationship that made case management more meaningful. Being able to access a culturally safe provider is believed to be more important for people living in remote areas, and for whom English is not a first language.

The evaluation had access to only a very few Aboriginal and Torres Strait Islander clients who had accessed the national trial. Their feedback suggests that some people prefer the anonymity of a non-community-controlled provider or had not known that they had an option to access a community-controlled service. The experience of the place-based trial suggest that there are also some circumstances in which a non-local provider can be more appropriate in remote areas when supporting people to leave violent relationships. For example, this can help manage safety, including in instances where the friends and family members of the person using violence work for services. The place-based provider used this knowledge to provide a mix of local and outreach staff when delivering the EVP in remote communities.

Overall, the experience of the national and place-based trails suggests that no one service delivery option will suit all, and that maintaining choice is important for access.



It is a shame factor for our mob. We work in this field. There's no way we would tell somebody that I'm going through the same situation at home. **Stakeholder**

They provide a history of communities, cultural breakdown of clan groups, introductions to key leaders, to important women in communities that will then pass on knowledge of community. Protocols for interacting and communicating with various people in communities. All that knowledge is so rich, and it brings so much to practice. **Place-based trial provider**

It brings calmness. We feel that we can progress steadily and surely with support and with respect, and with approval. Everyone holds [ ] in very high esteem, and people trust that whoever's beside her will go about business in the same way. So I can't probably understate the importance of having a person like her in the organisation. **Place-based trial provider**

My partner is from the same island [as the client]. I understood a bit of Creole, so they were able to tell their stories. And it was also a great process for me, because I was able to relax into the client and ensure that we were having good conversation around safety. **Place-based trial worker**

The time-limited nature of the program and cost of living crisis means that the payment has not typically focused on culturally specific items (see break out box below). We suspect that the client and service delivery profile is likely to be the most measurable factor that differentiates the two programs. The contribution of the place-based trial to a feeling of cultural safety (that then provides a protective factor against re-entering violent relationships) is likely the most significant outcome, however this effect is difficult to measure.

### **Providing cultural supports**

The department is very clear that the aim of the EVP is reducing financial barriers to making choices about leaving violent relationships, with the place-based trial doing this in a culturally safe way. In contrast, the place-based trial provider has always been very alert to the role of culture as a barrier and enabler to leaving and staying away from violent relationships, and anticipated that meeting the cultural needs of clients would be a core focus for the EVP package. Examples of meeting cultural needs will be specific to individuals and, for instance, might include addressing a client's cultural role and obligations, providing cultural introductions for those individuals who need to move communities, or referrals for healing that reflect a holistic, whole of family definition of family violence and the social and emotional wellbeing framework.

However, the provider and clients note that to date the focus of packages has been on material supports. This reflects the need to fund travel and accommodation for those leaving remote areas, as well as the current cost of living crisis. However, the place-based trial provider also argues that this reflects the time needed to establish quality relationships with clients and build the rapport needed to explore individual client's cultural dynamics and needs. It hypothesises that if a program were to truly meet cultural needs this might require a longer timeframe than the 12 weeks' service delivery allowed through the EVP. This finding suggests both a need for further discussion between the department and the provider to clarify the goals of the program, as well as a consideration for future program design. Given the differences in framing of the role of meeting cultural needs in the EVP, we suggest that this is further discussed between the department and provider.

### **Improving access for clients in remote areas**

The accessibility of online application processes was a key issue for the national trial. The place-based trial provider offers online, and phone-based support, as well as phone-based support in the Cairns office and through outreach. For the place-based trial, there were also reports of people who were hindered in applying because of difficulties with the online application process and lack of understanding that they could apply through a support service. Difficulties with the online application process largely arose through unfamiliarity with online processes, but also through lack of access to the internet or internet-connected devices. This emphasises the importance of follow-up contact attempts and multiple ways into the service.

However, lack of significant uptake outside the region immediate to Cairns also suggests that barriers to access need to consider not just mode of application, but specific supports for people living in remote environments. Conversations with the place-based provider, clients and referring services suggest that the skew of applications reflects a combination of:

- proximity to the provider's Cairns office and outreach services to surrounding towns, and client preference for face-to-face service delivery
- word of mouth, where clients with successful experiences then promote the EVP to others
- the larger population of Cairns.<sup>11</sup>

To date, a smaller proportion of place-based trial participants have originated from Cape York and the Torres

Strait, reflecting:

- an initial lack of outreach or locally based staff, which the place-based provider addressed, with the support of the department
- reportedly, additional stigma associated with experiences of domestic and family violence
- more limited access to specialist domestic and family violence services, and hence opportunities to hear about the EVP
- in small communities, concerns about retribution from the families of people using violence
- lack of alternative housing options within Cape York and the Torres Strait
- not wanting to relocate away from Cape York and the Torres Strait
- the expense involved in travelling in these locations.

The place-based trial provider is aware of these factors and is looking at ways to expand its reach into communities where it does not have strong pre-existing relationships with community members and services and locations where there is limited access to women's safety and specialist domestic family violence services. This finding also provides a learning for other place-based programs, and suggests that these will be most successful where there are on ground workers.

However, it also appears that access to a payment that requires *leaving* may be a fundamental barrier to support for those in remote areas, and that other interventions may be needed to support success, outside the EVP's design. For instance, one remote service provider mentioned an instance where the EVP had led to an improved relationship through leading to a temporary separation, and the violent partner's enrolment in a men's behaviour change program. We suggest that these issues are further canvassed in subsequent delivery of place-based supports to remote communities.



Well, to be honest, the EVP probably works well for people down south but it doesn't work well for people in community. It does to a point, but it's not that the way it's set up. It isn't set up for people that live in community that don't have access to private rentals, or don't have access to a large pool of housing, or temporary housing. The way the program is better designed for someone in a city than someone in a remote area. They can't escape, can they? **Stakeholder**

My client was asking for support and he is back in the house a couple of days later. He potentially has access to that money [EVP]. That makes me feel sick. Where does it end and what is the best way to go about it? What does she need? Is it \$5,000 on a visa card or to get him out of community for good? It is really hard to get out of community. I have watched women move here for partners and once you are here you get a little bit stuck. It can be a real challenge for people to fight their way out of community and onto their feet. **Stakeholder**

## Establishing eligibility in a way that balances fraud and safety considerations

Both the place-based trial provider and stakeholders reported a more complicated risk (fraud) environment than the national trial provider. This includes a logistical consideration – the lack of ability to cross-check whether clients have applied through the national and place-based services. However, beyond this, the place-based provider has been more cautious with respect to using professional judgement in determining eligibility.

In the national trial, clients reported providing evidence of eligibility as a barrier to access and a significant source of stress. Conversations with clients, specialist domestic and family violence support services and advocates highlighted that victim-survivors of intimate partner violence may not be in control of documents that 'proves' any aspect of their lives, especially when a perpetrator has restricted their access or because they left in a hurry or it is unsafe for them to return home to collect documents. During the course of the trial, the national provider

changed its risk settings to support greater use of professional judgement by provider staff in determining eligibility.

Having access to documentation to demonstrate eligibility has proved to be a similar barrier for potential place-based trial clients. Whilst the place-based trial provider does use professional judgement in determining eligibility, they note that a more collectivist approach to resources in the communities they serve means that they need to be more cautious in this. That is, people who don't meet the eligibility criteria may be applying in good faith based on an understanding of shared resources. Staff also noted that because they have relationships in the communities they serve, they also have to manage perception of a conflict of interest. (This reflects a service delivery rather than a policy delivery setting.)

The place-based provider's experience in managing the risk highlights the complexity of place-based work. The very relationships that support access and quality service provision can also complicate. For workers, having clear policies and processes in place to manage these inevitable instances, as well as training and coaching, was important. This suggests that place-based delivery can be more resource-intensive because it requires more complex resourcing of tasks such as fraud control. However, this circumstance also suggests that perhaps considerations of fraud have been too limiting for the place-based trial, with respect to becoming a barrier to access. There is an opportunity to rebalance this.



I guess, like the eligibility phase for me, you know, some of it is a little bit hard for our mob. It is a shame factor for our mob. We work in this field. There's no way we would tell somebody that I'm going through the same situation at home, because for our non-Indigenous people, they would be like, Well, why are you working here? Or why haven't you reached out? You're telling them to reach out. Why haven't you? But I think for our mob, that shame factor does kick in. **Stakeholder**

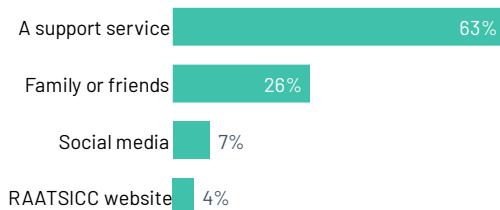
I said, I don't want to provide my professional judgement, because I know her. **Place-based provider worker**

## Promotion via word of mouth

Related to the above, both provider staff and stakeholders reported cautioning clients against communicating that they were in receipt of the payment, and can also avoid overt promotion of the EVP to potential clients themselves. This is because clients might be subject to 'humbugging' (encouragement to collectively pool resources), but also to deter people from applying if they are not eligible. Whilst both of these concerns are valid given the community context, this reluctance to promote the EVP is likely also artificially depressing client numbers. (Having said this, shame and stigma associated with domestic and family violence is likely also diminishing promotion of the EVP via word of mouth.)

Experience suggests that the success of programs such as the EVP in community is often due to positive word of mouth. That this mode of communication is not working in the place-based trial's favour is reflected in the relatively low number of people (one-quarter) who have heard of the payment through a family member or friend in the client survey (*Figure 5*). This is a key learning that should be taken into account when forecasting demand for future place-based services. However, as mentioned above, there is also a need to consider whether concerns about risk of fraud should be limiting access to the EVP.

Figure 5: Service satisfaction survey – Source of program awareness



Base: Total sample, unweighted, n=54.



And in community, everyone knows everyone's payday. But when you get extra money like that, you know, like you need to keep yourself quiet. Yes, so we need to tell the clients, don't tell anyone you're getting this, you know, you know... Sharing is caring. So they think your money is their money as well. You know, that's the way we look out for each other, and that's what that's like. **Referring service**

## Ensuring privacy in place-based settings

Whilst by no means unique to the place-based provider, concerns around confidentiality and conflicts of interest can be a significant barrier to clients engaging with community-controlled service providers in regional and remote communities. Victim-survivors of domestic and intimate partner violence who live in remote communities can face lateral community violence such as shaming, shunning and physical violence if they report perpetrators of violence or seek help.

In the place-based provider's Cairns office and in outreach services locations there were concerns that provider staff were known, and that an appointment would reveal that someone had received an EVP payment, either to workers or community members. This could be a source of anxiety with respect to humbugging, but also for a former or current partner and their family learning about a victim-survivor's access to the EVP. In the provider's Cairns office, EVP staff were originally located in an office adjacent to the main building. They have now been moved into the main building, and this has been cited as a barrier to service delivery.

Whilst the data suggest that locally based workers or outreach workers are key to access, this must also be balanced with considerations of privacy and culturally appropriate delivery. For instance, in some communities there are limitations on the extent to which local workers can deliver the EVP because of the relationships they hold with other community members. They could prefer Cairns-based workers to visit communities.

As well as ensuring that there are strict protocols in place to ensure client confidentiality and manage potential conflicts of interest for the place-based trial, it is important that referring services and clients are aware that people have the option to engage with the mainstream EVP program, if preferred. This finding also highlights the importance of having a strong risk assessment framework for the place-based trial and providing ongoing training and coaching for staff in risk assessment and safety planning, particularly in remote communities where there are no specialist domestic violence services on the ground.



Our staff need someone to come from Cairns to do that, because it's really hard for our ladies to talk, because there could be boys and cousins or wrong way and stuff like that. **Stakeholder**

And so they've moved us here [into the main provider office]. Before that, we were in our own office, our own space. Nobody got access to our [data]. And now ...[I don't know] how many clients we've almost lost because of this, people saying I want to withdraw because I know blah blah that works there. We've actually had a client whose ex-partner works here, and so we've had other people that have withdrawn, because they know people here that they all will find out that I've applied for this. We ask people's date of birth, the address, name, we ask

the name, the name of the person that's using violence against them. It's not that bad over the phone, but sometimes not just me, but we all have to repeat things to them, and you know, us being in the space where people are walking in and out. **EVP provider staff member**

## Building community-controlled organisation service capacity

Whilst meeting Closing the Gap targets will require services to Aboriginal and Torres Strait Islander peoples to be increasingly delivered through community-controlled organisations, the experience of the place-based trial for the EVP suggests that these organisations will also require capacity building.

Capacity building has been a tension for the trial. Capacity has been a limiting factor on trial success, and the need to scaffold future providers a key learning. However, the provider also considers that their autonomy has been critical to delivering a culturally safe service, and developing their service to better deliver in the future.

Being able to have a direct relationship with the department has been highly valued for the way in which this fosters dialogue, and government's understanding of community needs. The provider hopes that autonomy and a direct relationship with government are considered as critical success factors for future trials.

Prior to delivering the EVP, the place-based trial provider had not delivered a large-scale financial program. Establishment needs (including time and requirement for capacity building) were a key focus for contractual discussions between the department and the provider. However, in reflecting on their experiences, and thinking about what learnings might benefit other organisations for future programs, the provider says that it would have added support in building its capacity (systems, processes, documentation) to deliver this type of program. Whilst the national trial provider was initially helpful, there is perhaps an opportunity for the department or government to consider how to build a general support service for community-controlled organisations seeking to expand their remit. This includes developing guidelines and protocols, including fraud policies, managing reputation in the community (for example, in communicating ineligibility), as well as building confidence in the organisation's ability to deliver and quality of administration.

The place-based provider notes that they would have benefited from support with systems, including for finances and data reporting, as well as staff manuals and training, coaching and supervision. Having to build these functions from the ground up was a limiting factor in being able to scale up to deliver the services required by the community and being able to effectively collect data to monitor and report on service progress.

## Access to appropriate supports outside the EVP

Both the national trial and the place-based trial suggest that whilst financial and time-limited support can be invaluable, breaking the cycle of violence requires additional supports.

The EVP team is also limited by the availability of services, especially in remote areas. For example, one client was frustrated by the lack of support to find suitable housing for her family. There were also reports of waits of 12 months or more to access mental health services in Cairns, even with a referral, as well as a shortage of culturally safe and appropriate healing and recovery services. The lack of ongoing support and services in the region was raised as a concern by the place-based trial provider and stakeholders. Whilst the short-term support provided by the EVP has the potential to break the cycle of violence, there is a need for ongoing support beyond the 12-week period to ensure that the changes are sustainable.

Some support services worry that if EVP recipients are unable to access ongoing help as they need it, some will end up returning to the perpetrator or starting another relationship that may turn violent. For example, some clients who were interviewed for the evaluation either opted or felt they had no choice other than to stay in their community but were unable to return to their jobs or community activities due to fears around retribution from family and friends of the perpetrator. If the perpetrator had been imprisoned, there were also concerns around

### Opportunities to build capacity in community-controlled organisations

Whilst out of scope for the EVP and this evaluation, the department should consider how any future program design can consider how grant funding can also grow the capacity and capabilities of the community-controlled sector more broadly.

what would happen when they are released. Having a domestic violence order in place was not seen to guarantee their safety, particularly if family court orders mandated that they have ongoing contact with the perpetrator.

Additional early intervention and healing supports are also believed to be critical in communities where there are entrenched rates of violence.

While the ongoing supports described are outside the EVP program scope, we include them here because they raise a consideration for future policy and program planning.



So we have an internal social and emotional wellbeing team here in the organisation. If it is raised as an issue, we have a conversation about a referral. But we have a relatively small community and there is not a lot of room for confidentiality. From there we hit a bit of a block, if people say I don't want anyone from the SEWB team knowing, we become a bit stuck. Cairns services aren't really available to our women and there is not great phone access because a lot of couples share a phone. The emergency department is Queensland Health owned. If there is a presentation for assault there is an automatic child safety notification and that can be a deterrent to seeking help. **Stakeholder**

As a health care professional, we probably don't know enough about what we can do. We do a lot of counselling while we are here and then send them home. We drive home and we don't know what is going to happen overnight. There is not a lot here, we carry a heavy load, a service that is appropriate that we can refer into. Ideally there is a community representative that can take ownership in that space. Support women or anyone escaping family and intimate partner violence. **Stakeholder**

### **Collaborative relationship between the department and place-based trial provider**

Both the place-based trial provider and the department noted the close and collaborative nature of their relationship, and believed that mutual listening, respect and problem solving were critical to overcoming barriers to effective delivery of the trial.

## Is the payment sufficient to meeting individual's needs?

There are concerns that the amount of the EVP may not always be sufficient to meet the needs of clients living in remote communities due to the high cost of goods available for purchase in community stores, freight costs and cost of travel. During the wet season there may be freight delays of months (or longer), which means that EVP recipients must either wait or obtain goods from the community store where items are very expensive and there is less choice and range of products. In some communities there were some initial challenges setting up accounts with the local stores. This could be frustrating for clients, despite provider staff working hard behind the scenes to find creative solutions, for example, phoning multiple suppliers and freight companies on clients' behalf and investigating local storage options so that goods could still be purchased before the 12 weeks ended. In the Torres Strait, provider staff worked with the local shops so funds could be placed on a register and the clients could just go into the shop and get what they needed when they needed it or pick up goods that had been freighted.

## How efficient was the trial in the delivery of services?



This section addresses the following evaluation questions:

- Was the trial implemented as planned?
- How efficient was the model in providing funding to individuals?



Key findings:

- The trial was not implemented as planned. Much lower-than-expected client numbers and poor data collection have all impacted on the ability of the trial to achieve its outcomes.
- The trial was not efficient in delivery and would have benefited from greater alignment with the national trial systems, processes and supports.



Considerations for future implementation of the EVP and post-trial programs include:

- This evaluation has suggested that relatively short pilot timeframes are not well suited to building capacity in community-controlled organisations and establishing new programs.

## Was the trial implemented as planned?

The place-based trial provider delivered all the activities described in the program logic, including:

- local information and awareness initiatives
- provision of financial assistance
- development of tailored needs plans
- risk assessment and safety planning as needed
- wrap around support
- engagement with the local service sector to support referrals in and out of the program.



There are three areas where service delivery has been lacking, including:

- client numbers
- staffing
- data.

### Client numbers

Low client numbers are contrary to expectations for the place-based trial. Leading on from the experience of the national trial, it was expected that a key issue facing the place-based trial would be over-subscription, and hence delays in delivering timely services. Measures were put in place to help ensure that the place-based trial would not face similar issues, including having a 'soft launch' and limiting initial promotion of the service.

Feedback from the place-based provider, clients and local stakeholders suggests that low numbers do not reflect lack of need. In fact, stakeholders all reported escalating levels of domestic and family violence and demand for their services. Rather, slow uptake has been largely due to the need to better promote the service, and to better embed referral pathways across the service footprint. Both have been impacted by provider capacity and also demonstrate the extended time needed to build trust in, and educate communities about, new programs.



**Whilst ensuring sufficient time for project establishment was a focus for government and provider, more time was required to establish the service**

This evaluation suggest that relatively short pilot timeframes are not well suited to building capacity in community-controlled organisations and establishing new programs.

On the whole community engagement and support for the program. It would have been good to have had a lot more time to be able to consider the geographic challenges. This would have been written up, trialed and practised before starting. Getting buy-in from community and community leaders so they know what the program is about. Considering that when people are leaving because of violence there may be gaps or challenges for the community. If they have a cultural role, that potentially brings down the community's leadership. There will be loss and grief for that community if they move out. They may have roles in the community moving forward. These are all the elements that need to be drilled down to. A 6-month lead-up to the program would have allowed us to have good deep conversations. **Stakeholder**

Lower than anticipated client numbers can also be attributed to extreme weather events in Northern Queensland in December 2023. These disrupted the place-based provider's forward momentum and ability to provide services - in December 2023 and January 2024 prospective clients were instead directed to the national trial provider. The ongoing disruption experienced by communities in Cape York in 2024 was potentially another factor interrupting demand.

The data suggest that access statistics will improve. At the time of writing, the number of clients being serviced per month by the place-based provider is trending upwards.

**Table 12: Clients accessing programs by month based on commencement date**

Month	National trial cases commenced	Place-based trial cases commenced
March 2023	5	8
April 2023	12	5
May 2023	21	7
June 2023	22	15
July 2023	17	12

Month	National trial cases commenced	Place-based trial cases commenced
August 2023	21	14
September 2023	13	12
October 2023	17	13
November 2023	20	30
December 2023	15	13
January 2024	31	21
February 2024	30	28
March 2024	26	38
April 2024	10	32

## Staffing

At full capacity, the provider’s team comprises five full-time staff members, overseen by a program manager. As we understand it, their specific roles and position descriptions have evolved since the service commenced but cover intake, case management, finance and stakeholder engagement.

### Staffing issue 1. Recruiting staff who need to be upskilled in domestic and family violence practice

The experience of the EVP place-based trial has suggested that two core skill sets are required for the service: domestic and family violence practice, and culturally competent practice. As the provider points out, recruiting staff with deep experience in both areas in the small catchment for the place-based trial is challenging. (In contrast, the national trial has been able to draw on human resources across Australia.)

Whilst all staff have been either Aboriginal or Torres Strait Islander or people of colour, and recruited on the basis of cultural competency, many lacked previous experience in the women’s safety sector. A focus for training has been building skills in risk assessment and safety planning, as well as in trauma-informed practice. To this end, the team has participated in relevant training and professional development programs, including DV-Alert and common risk assessment training. While training was a focus for the establishment period, staff turnover has meant that new staff need to be trained on an ongoing basis, and in conjunction with supporting clients. This appears to have had an impact on the extent to which risk assessment and safety planning are undertaken.

The program manager role (which needed to be re-recruited at the time of writing this report) appears to be critical in providing dual oversight and practice support. However, the team are also close-knit, and regularly discuss and workshop decisions about client support, illustrating where the strength of the broader team is important.



It's better practice to give support around the needs that they've identified. And yes, it's helping them to get in a better place [to avoid future violent relationships]. I'm just concerned that we might get into that thing of they come in, process money, they go out. Just conscious of that non-trauma-based practice. **Place-based trial provider**

Knowing what the pressure points are and the intersectional points throughout the region. Where this is different throughout. It is really hard to find individuals who understand service delivery on top of that, providing a service that incorporates all that knowledge and supports workers and clients through that. **Place-based trial provider**

## **Staffing issue 2. Recruiting staff with cultural competency *and* experience across the service footprint (especially in more remote communities)**

Intake and case workers have been largely drawn from the Cairns region. Staff have spoken about the importance of sharing language and a similar cultural background to participants, both in meeting client needs, and also expanding their own practice.

This is important for communication and also for safety. For example, a client from a remote community who self-referred to the EVP felt that the team lacked the experience, skills and local knowledge to help plan and safely execute an escape to the mainland. This client was at high risk of lateral community violence, and there were no on the ground services that were trusted to provide support.

The place-based trial provider is now focusing on recruiting staff from across the region (and have just recruited a staff member from the Torres Strait) and also having the program manager role provide ongoing practice coaching to supplement the mentoring provided by senior women – community Elders working for the provider.

## **Staffing issue 3. Competing for staff**

The Aboriginal and Torres Strait Islander community-controlled sector's lack of ability to compete with higher wages offered by mainstream not-for-profits and government organisations is well documented in the literature. The provider notes that this has made it difficult to recruit, attract and retain managerial staff. Within the EVP funding envelope, it would be possible for the provider to pay staff working on the program higher wages. However, this would be contrary to the community award they usually abide by and potentially create internal dissension within the provider, where staff working on different programs are paid at different rates. In addition, feedback has been that the short-term nature of the pilot has meant that the positions can be less attractive than ongoing roles in the community sector in Cairns.

## **Systems and data**

As mentioned, the provider has been challenged when developing and implementing systems, including data, finances and staff training, coaching and supervision. Impacts of this include the data available to this evaluation (which has been extremely limited, and not in line with what was intended to be collected) and potentially staff and client safety. The place-based trial provider notes that an extended establishment period would have helped mitigate all of these issues.

## **How efficient was the model in providing funding to individuals?**

A cost effectiveness analysis was deemed outside the scope of this evaluation, noting the limited number of clients, and hence data. When viewed through an equity and system lens, the trial provides an argument for government to consider variable funding models. The increased cost to deliver the EVP in remote areas through the place-based trial should be considered in light of:

- the burden faced by individuals and their families and communities continuing to live in violent situations
- increased costs to deliver services in regional and remote areas
- the investment in building capacity in community-controlled organisations and place-based system collaboration.

Whilst this evaluation was not tasked with modelling these comparative outcomes, it is recommended that the department consider future work in this area. For future efficiency, there is an opportunity to consider ways to better support capacity in community-controlled organisations with respect to scale, staffing, systems and data.

# Was the design of the trial appropriate to supporting its objectives?



This section addresses the following evaluation questions:

- How responsive has the service been to known and emerging local needs?
- What were the key design components that facilitated or hindered successful service delivery?



Key findings:

- The place-based trial has worked well to illustrate the practice and benefits of culturally appropriate service delivery. This has demonstrated a need to extend national programs to ensure equitable access for Aboriginal and Torres Strait Islander peoples.



Considerations for future implementation of the EVP and post-trial programs include:

- That good cultural practices demonstrated by the place-based trial provider, and need for local service provision for successful place-based service delivery, are considered as models for future place-based procurement.

## How responsive has the service been to known and emerging local needs?

A key learning of the place-based trial is that clients' needs, as well as the local resources available to support clients, are highly variable. There are many different Aboriginal and Torres Strait Islander communities within the place-based trial catchment area. Each of these communities has a unique culture, political structure and service landscape. Whilst the place-based provider has strong relationships in some of these communities, in others it is still working to establish itself through building connections with on ground organisations and employing outreach workers.



We can't understand cultural safety until we understand where they are at. Their connection to culture. They may not understand what that is for them. These are the issues that we have to deal with that are separate to the national trial. **Place-based trial provider**

We need to consider family and community as well as individual healing. We know we can't deal primarily with one person and expect the whole family to heal. **Place-based trial provider**

Well [a cultural response], it shapes everything. It shapes our understanding of a person's way of life, their potential options, if they think they even have options in this space. So understanding how the communities work, and how individuals, their roles in their community and their family roles also impacts on their decisions or their potential options that they see for them. So, it's in all of that conversation. And that's why it's important, and we're trying to give as personal responses as we can. So that's why we all as a team continually go through all of the clients so we have an understanding of their cultural background, potential issues, challenges or strengths that could come into building their support plan for their case worker to understand. **Place-based trial provider**

The provider has also demonstrated strong cultural governance. Key aspects of its approach include:

**Employing staff with language and cultural expertise**, as well as with skills in domestic and family violence practice. The team describes a very personal response to meeting cultural safety needs. This includes the team's understanding of the context in which a person might have experienced violence, including difficulties in leaving deriving from remoteness and cultural and caring roles, and the need to tailor service delivery to account for this.

**Balancing the importance of cultural practice and domestic and family violence practice.** The provider's practice is intersectional, for instance, recognising where families and community experiences of colonisation such as the Stolen Generations contribute to violent relationships. Staff take into account the context for violence in seeking to understand an individual's experience and needs.

**Spending time understanding cultural context.** The provider emphasises that connection to culture and cultural needs cannot be assumed. Provider staff practise deep listening, using their cultural language skills and knowledge. In addition, they explicitly ask clients about their cultural context and needs and offer ways to meet the latter as part of the EVP. This can involve the provider's broader network of Elders, who can provide advice on meeting cultural needs in different community settings. The provider is looking at ways that it can deepen its practice in this area, including through development and use of a connection to culture practice tool.

**Consideration of cultural as well as emotional and physical safety.** Building on the above point, the provider explicitly considers cultural safety as well as physical and emotional safety, both in how the service is delivered and in what it delivers.

**Supporting the involvement of extended family.** Referring services, client and provider staff reflected on the way in which the EVP design (as a relatively individualistic service) does not take into account the whole of family context. This includes for healing, as well as when a mother or aunty (or other family member) might be involved in seeking support. This can require delicate negotiations, involving balancing the support that an EVP client may need with protection of their individual versus the family's best interests. There are no 'easy answers' to how the policy might look differently – this would be specific to the perspectives and needs of the communities involved and would ideally be developed through a co-design process.

**Flexible service delivery that supports those with multifaceted needs.** The provider notes that flexible service delivery, and in particular the option to undertake face-to-face services (in Cairns), has supported them in meeting the needs of clients with high needs, particularly where this engagement occurs as part of an extended family context.

**Cultural mentoring:** Staff also receive cultural mentoring and support delivered by senior women in the provider's team, as well as specific practice guidance and coaching provided by the program manager role. The senior women have worked for many years in remote Cape communities (for example, EVP team members have accompanied Elders to community visits and meetings where they have been introduced to local Elders and service providers and local protocols and sensitivities have been explained). Staff have explained that this shapes and gives them confidence in their practice, as well as supporting wellbeing. This was seen as critical to working efficiently and effectively in community and providing a culturally safe service as intended.

## What were the key design components that facilitated or hindered successful service delivery?

### Design elements that were important

The place-based trial provider's culturally safe, flexible and client-centred approach to needs planning and use of funds appears to be critical to delivering good outcomes for Aboriginal and Torres Strait Islander people. Key elements of the design that have supported success include:

- delivery through a known and trusted organisation
- delivery by a team with local knowledge, connections and experience

- delivery in person/locally
- service delivery implicitly takes a social and emotional wellbeing (holistic) lens, and recognises the importance of extended kinship networks
- staff undertake cultural assessments for each applicant as a focus for spending the payment and referral, for example, this includes considering protocols, cultural roles as a barrier to relocation/staying out of a violent relationship or gaining cultural permission to live in a new community
- cultural leadership and introductions are provided by Elders
- collaboration between services leading to place-based outcomes.



If a woman is leaving a community where her sons have specific roles to play and she's taking them away, that could be considered a break of their cultural obligations, and hers as well. Conversation and discussion with her around what that means in the context of her package and then moving forward from that are really important. **Stakeholder**

## Elements that hindered

### Time to establish the service

The experience of the time taken to establish the EVP has implications for the design of future place-based programs. The 18 months (the place-based trial period) is not long enough to establish relationships of trust with service providers and sufficiently address the unique cultural considerations involved with each Aboriginal and Torres Strait Islander community. Engagement is likely to be ongoing and require continual resourcing, as workers in remote services as well as community members can be quite transient.

Related to this in retrospect, having more time to establish the service would have allowed the provider to engage at a formal level with communities. For example, this could involve partnering with Cape York Traditional Owners and councils and developing MOUs that clearly articulate referral pathways, how the EVP will complement existing service delivery and promotion of the EVP to reach a wider audience. This would also help navigate some of the cultural issues and obligations identified to ensure a safe 'escape' or 'return' to community when required.

### Provider capacity

Limits on the provider's capacity to quickly scale up, and ensure ongoing resourcing for, staff and systems were a barrier to smooth delivery of the trial.

### Requirement for local delivery

Choice of provider has emerged as a critical success factor for the EVP. In some circumstances a local, outreach or geographically distanced community-controlled organisation will be important; in others, a mainstream provider will be regarded as most safe. The experience of the EVP place-based trial suggests that where a service doesn't have an existing footprint, establishing local outreach options should be considered (in the case of the EVP, outpost officers in East and West Cape York, the Northern Peninsula Area and the Torres Strait).

### Limits on promotion

Promotion of the place-based trial has been limited due to resourcing, but also due to fears of fraud and humbugging. Whilst these are challenging considerations, the experience of the trial suggests that considerations of fraud have been too limiting with respect to equitable access to the EVP.

### **Limits on effectiveness for those living in remote areas**

Limits on the payment's utility in remote areas, as well as fewer choices for people living in remote areas with respect to leaving violent relationships, suggest that the EVP design is not as successful for these locations. Whilst adopting additional strategies to increase access to the EVP in remote areas will be critical, additional complementary programs will also be important.

### **Need for other supports to address entrenched violence**

The experience of some communities suggests that where there is entrenched violence and historical impacts of colonisation resulting in widespread community trauma, the EVP is welcomed, but not enough to disrupt cycles of violence. Additional prevention, early intervention and healing resources are required.

### **Other system factors**

As with the national trial, cost of living increases and lack of availability in the broader service system (including for mental health and housing services) limit the effectiveness of the program.

## **Conclusion**

The EVP place-based trial has illustrated the very different ways in which mainstream and community-controlled organisations deliver programs. Every aspect of the place-based trial has considered cultural context and cultural safety, and clients have reported that this has made for a safe experience, and promoted emotional safety and sense of agency for clients.

There are opportunities to focus on continuous improvement for the place-based trial with respect to staff and client recruitment, promotion to and administrative burden on referral services, and upskilling staff.

There are opportunities to learn from the trial with respect to delivering future place-based programs. This includes considering:

- sufficient time to establish services and support to build capacity in community-controlled organisations
- additional service burden for community-controlled services as a result of managing cultural considerations
- building capacity in community-controlled organisations through direct funding and relationships with government
- the benefits of encouraging sector collaboration
- on ground service delivery for place-based services
- additional funding in remote areas
- choice of mainstream and community-controlled providers for Aboriginal and Torres Strait Islander peoples
- the need for alternative design in remote areas and to break cycles of violence
- design to measure impact.