

# Department of Social Services Report: Evaluation of the EVP

May 2023

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# Introduction

## About the EVP

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.

Key program features include that the EVP:

- is delivered outside the social security system by a national provider – the UnitingCare Network (the EVP provider)<sup>2</sup>
- 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 delivery principles are that the EVP:

- is trauma informed
- is strengths-based
- is culturally safe and appropriate
- is flexible and responsive
- meets people where they need (responsive to individual circumstances)
- upholds service user's agency and control of their lives.

## Evaluation of the EVP

The EVP was designed to trial Commonwealth 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, this evaluation was commissioned by the Department of Social Services (the department) to be undertaken alongside the trial, and in collaboration with the department and EVP provider. Findings are already informing program improvements and policy. The evaluation has 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 90 clients, 90 referral agencies, 35 stakeholders,<sup>4</sup> and ongoing engagement with the EVP provider and department; online surveys of n=564 frontline workers, and n=361 clients.

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

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

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<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>Uniting (Victoria Tasmania) Limited is the provider lead with the other network members including Uniting VicTas, UnitingCare Queensland, Uniting WA, Uniting CountrySA, Uniting Communities, UnitingCare Wesley Bowden, and UnitingSA, Wesley Mission

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

<sup>4</sup>Peak, member and advocacy groups representing the women's safety sector, legal services, financial counsellors, and specific population cohorts (people with disability, people who identify as LGBTQI+, culturally and linguistically diverse communities, and senior Australians).

## Key findings

 <p><b>Almost 19,000 people have accessed over \$89 million in support through the EVP</b></p>	<p>At 31 May 2023 the EVP had supported almost 19,000 people to make choices about leaving violent relationships and provided over \$89 million in support. Clients have accessed almost equal proportions of cash payments and good and services, with an average payment of \$4,224. Patterns of access to payments has varied depending on the service delivery arrangements in each state and territory.</p>
 <p><b>The trial has been characterised by self-referral; approximately 80% of clients have self-referred</b></p>	<p>Over the life of the trial, approximately 80% of clients have self-referred to the EVP. The extent of self-referral has been a key learning for the trial. Some clients in the qualitative research who self-referred would have preferred to access the EVP via their existing support services, indicating that better promotion of this option to individuals and other services is needed. In contrast, a new service access point was considered valuable by others, because they did not want to, or could not, access other services.</p>
 <p><b>89% of EVP clients have been women, and 28% of clients identified as Aboriginal and Torres Strait Islander</b></p>	<p>There is an opportunity to increase equity of access for the trial. People from culturally and linguistically diverse communities and older Australians are under-represented in the data, as are those living in very remote areas in the Northern Territory. This likely reflects a combination of the eligibility criteria being limited to intimate partner violence, low awareness and the accessibility of the application process. It is not clear whether the EVP is reaching people with disabilities and people who identify as LGBTQIA+. Further work is required to improve the administrative data, promote the EVP and ensure that the service is accessible and inclusive.</p>
 <p><b>The EVP is highly effective in supporting people to make choices about leaving violent relationships</b></p>	<p>Clients consulted in the evaluation research reported that the EVP has been highly effective in supporting them to have and make choices when leaving violent relationships. To illustrate, in the client survey, 92% agreed that 'the payment helped relieve financial stress' and 51% that 'without the payment I could not have left the relationship'. Clients also reported ways in which EVP helped establish a sense of emotional safety. In the client survey, 85% agreed that 'the payment helped me establish a safe home', and 88% that 'the payment helped me establish a feeling of normalcy'.</p>
 <p><b>Factors supporting effectiveness</b></p>	<p>A number of factors have been identified as critical to the effectiveness of the EVP. In addition to accessible and inclusive promotion, application and assessment processes, this includes effective risk assessment and safety planning; timeliness of access and streamlined payments; flexible case work support provided according to need; an approach that promotes client choice and agency; help for clients to access appropriate, required supports outside the EVP and good referral service access.</p>



**Client and referral agency experiences of the EVP have improved over the delivery of the trial**

Client and referral agency experiences of the EVP have improved, particularly with respect to timeframes, streamlined access to payments, client choice and referral agency access. Evaluation findings suggest there is scope for further improvement to the accessibility and inclusivity of the application and assessment process, and providing appropriate case work support according to need, including making referrals to other services. Timeliness of access for self-referrals is still fluctuating in some jurisdictions, and requires further monitoring.



**The implementation of the EVP has been characterised by challenges**

The early implementation of the EVP was characterised by significant challenges. This included announcement of the trial before the department could consult with the women's safety sector, and before provider could undertake an establishment phase, and the trial design (and hence resourcing) not anticipating the high numbers of people who have self-referred. The department and EVP provider are working closely together to address these issues; this has supported client and referral agency experience improvements mentioned above, including to do with timeframes for access. The department and EVP provider report that the trial will continue to be responsive to emerging needs and issues. The EVP has highlighted the need for proper consultation and establishment for trials such as the EVP, as well as for trials to be responsive to emerging needs.



**The EVP trial has been characterised by a shifting service delivery model**

Reflecting the high numbers of self-referred clients, the original EVP service delivery model (which assumed that case work would largely be provided by agencies other than the EVP provider) evolved to include a full case work service. This had time and cost implications. From early 2023, to help reduce wait times and support service sustainability, the model has shifted into a tiered case work service based on client need. More intensive case work support is provided to clients with complex circumstances and who prefer this, while others have little contact with the EVP provider. For example, this might include where people require less support or only access to brokerage. The effectiveness of this approach in meeting client needs will continue to be monitored.



**The model trialled through the EVP – provision of additional financial support delivered by an additional point in the service system – has proven effective**

The EVP trial has tested assumptions about demand for financial support and the need for alternative service access pathways, and confirmed that both are needed. Findings demonstrate that a brokerage payment from a national provider can be highly effective where people can access digital application processes relatively independently and cannot or choose not to access other case work services. The model is less effective for people with more complex service needs, and for those whose circumstances do not align with the eligibility criteria

## Format of this report

The following sections detail potential future considerations for the continuation of the national trial and then future policy and program planning, and then 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?

# Potential future considerations

## Considerations for ongoing implementation of the EVP trial

This evaluation has identified a number of focus areas for ongoing monitoring for the remainder of the trial:

- timeliness of access
- promotion of the EVP to, and access for, people from culturally and linguistically diverse communities, older people, people living in remote areas in the Northern Territory and people with disabilities and people who identify as LGBTQIA+
- the accessibility and inclusivity of the application and assessment process
- the tiered case work model, including the number of sessions provided per client, client choice and control, referrals made, and client feedback on the experience and effectiveness of this
- referral agency and women's safety sector satisfaction with the service
- national consistency with respect to quality and aspects of the service provided.

## Considerations for planning for programs similar to the EVP

This evaluation has suggested a number of considerations for future planning for programs similar to the EVP, including with respect to:

- program targeting, adjusting the eligibility criteria and demand management
- program elements, including delivery principles, requirement for case work, and the payment make up
- provider type
- service duplication/integration.

### Eligibility criteria

Stakeholders consulted in the evaluation uniformly argued that there aren't good reasons – apart from resource scarcity – for excluding people who have experienced forms of domestic and family violence other than intimate partner violence, on the basis of visa/citizenship status, or leaving a violent relationship more than 12 weeks ago. Reasons for this are provided in section 3 of the report. We suggest that each is reconsidered. The EVP's current settings with respect to age and financial stress are believed to be appropriate.

### Demand management

The experience of the EVP trial suggests that demand will be highly responsive to promotion. Currently the EVP limits demand through not promoting the service. If future programs are not capped, consideration will need to be given to a mechanism for limiting demand. This could include tailoring promotion of the program as well as capping the number of applications assessed within given periods, and clearly communicating this to clients. Means testing is not recommended as a demand management tool, given the impacts of coercive and financial control on victim survivor access to funds. Neither is it recommended that service providers make decisions about relative need (as can happen with other brokerage programs) given the extent to which this removes individual client choice. Delivery principles

Evaluation findings have confirmed the importance of the EVP delivery principles, and in particular a strengths-based approach that recognises that clients can and will make good decisions.

## Requirement for case work

Flexible access to case workers, based on client need and preference, is a key success factor for the EVP. This includes for risk assessment and safety planning as well as support to spend the payment. Whilst case work is wanted by some EVP clients, the program also appears to have found a cohort who prefer to access payments independently. Because of the EVP's shifting case work model, it is not yet clear what proportion of clients might want case work support. Now that the service delivery model has stabilised, we suggest that for the remainder of the trial, data is collected on clients' preferences for case work and the extent to which this is provided, and that this is provided to the department to inform future policy and program planning.

## Timeframes for case work

The 12-week timeframe for case work tested in the EVP is not long enough for many clients, due to the complexities involved in leaving violent relationships. Reasons for this are provided in full in section 3 of the report below. We suggest that more flexible timeframes are considered for future payments.

## Amount and composition of the payment

There is an opportunity to consider whether more funds can be made available to those leaving violent relationships as well as to support ongoing healing. This reflects increases in the consumer price index (CPI) as well as recommendations from the Australian Council of Trade Unions (ACTU) and the National Alliance for Women's Safety about the amount of financial resources required to leave a violent relationship. The composition of payments should also prioritise client choice and agency, in line with the delivery principles.

## Provider type

The EVP has demonstrated the effectiveness of adding an alternative access point (a national provider) to the current service system for people who can't or won't engage with other services. However, some people will benefit from more holistic service delivery through existing service providers. The extended establishment phase and shifting service model have made it difficult to establish the cost-effectiveness of a national provider, and there are opportunities to further monitor this.

Stakeholders have also suggested Services Australia and women's safety sector services as possible alternatives to a national provider. Each have strengths and weaknesses, as does the national provider. We provide an analysis of different provider options in section 3 of the report below.

## Service duplication/integration

There are inefficiencies in having a national provider *and* other services involved in meeting case work needs for the same clients. This represents a duplication of services and means that clients may have to manage multiple case workers across a number of services. The fragmentation of the service system means that this issue is not limited to the EVP, and also that duplication will be hard to solve. Thorough consultation with the women's safety and community service sector as part of future program design, ensuring future payments are effectively promoted to existing agencies, and streamlining agency referral process, could be considered to encourage services to apply on their clients' behalf (if clients choose this).

Where clients require other supports, appropriate referrals from the first service system access point (such as the EVP) can be critical to accessing these.

# 1. How effectively was the trial implemented and delivered?



**This section answers the following evaluation questions:**

- What were the demographic characteristics of people who accessed the EVP?
- What payments were provided through the EVP?
- What were people's experiences of accessing the EVP?
- What outcomes are being achieved for people who have accessed the EVP?
- What factors influenced program effectiveness?



**Key findings:**

- The EVP increases access to the service system by providing an additional source of funding, and a new service access point for victim-survivors. Clients report that the EVP is effective in supporting them to make choices about leaving violent relationships.
- 18,988 people had accessed financial assistance (over \$89 million in support) through the EVP at 31 May 2023.
- The data show that women have been the primary cohort receiving support through the EVP (89% of clients), and that Aboriginal and Torres Strait Islander people are accessing the EVP at high rates (28% of clients). People from culturally and linguistically diverse communities and older Australians are under-represented in the data, as are those living in very remote areas in the Northern Territory. It is not clear whether the EVP is reaching people with disabilities and people who identify as LGBTQIA+. Further work is required to improve the administrative data, promote the EVP and ensure that the service is accessible and inclusive.
- Client and referral agency experiences have improved over the delivery of the trial, particularly with respect to timeframes, streamlined access to payments, client choice and referral agency access. There is scope for further improvement to the accessibility and inclusivity of the application and assessment process, and case work support according to need, including making referrals to other services.



**Considerations for future implementation of the EVP trial include:**

- Given the evolving EVP service model, we suggest that the department continue to monitor equitable access to the EVP and client/referral agency experience (including with respect to accessibility and inclusivity, and access to appropriate case work support) and outcomes following the end of the evaluation in June 2023.

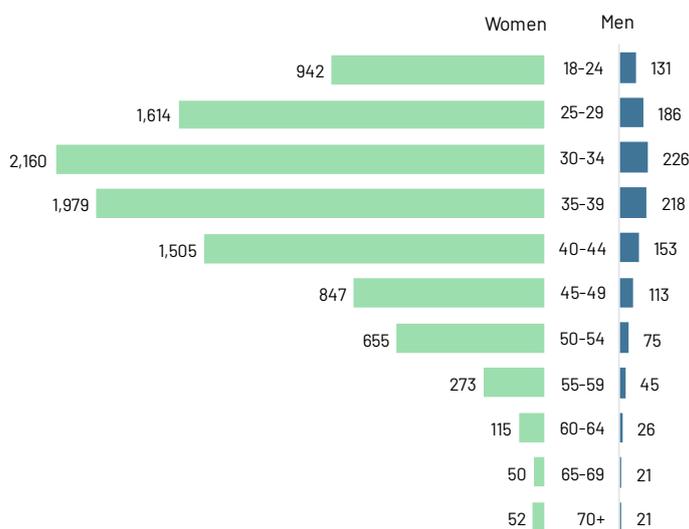
# What were the demographic characteristics of people who accessed the EVP?

To 31 May 2023, the EVP financially supported 18,988 eligible clients<sup>5</sup> Of the 18,988, 16,491 cases were closed<sup>6</sup>.

Because the EVP is a live program, unit record data is not available for all of these clients. In order to provide a deeper analysis of payment patterns, the report includes an analysis of unit record data for those clients for whom it is available, 11,405 of these clients. Totals from this data will not sum to the overall client and payment numbers cited above – these have been sourced from data provided separately by the EVP provider to the Department. The remainder of this section reports only on clients for whom we hold unit record data. Unit records were accessed at 31 March 2023.

In the subset of unit record data analysed for this report, 3,537 of eligible clients first received financial support in financial year 2021-22 and 7,868 in 2022-23.<sup>7</sup> 89% of EVP clients have been women, and 28% of clients identified as Aboriginal and Torres Strait Islander. People from culturally and linguistically diverse communities and older Australians are under-represented in the data.

Figure 1. Payments by age and gender



Access by jurisdiction and remoteness is mostly in line with population statistics, with the exception of people from Queensland (accessing at a higher rate) and from very remote communities in the Northern Territory (accessing at a lower rate). Just over half of clients (54%) had dependent children, and 76% were accessing a government income support payment. The data also show the extent to which housing insecurity is a critical issue for people seeking to leave violent relationships. In the administrative data, 25% of clients were identified by the EVP provider as being ‘at risk of homelessness’ and 31% as ‘homeless’.

The number of clients with disabilities and people who identify as LGBTQIA+ has not been reliably recorded by the EVP provider. 3% of clients for whom it was recorded were identified as LGBTQIA+, 3% as having a psychiatric disability and 4% other disabilities. At the time of writing, the available administrative data did not allow for an analysis of access by repeat clients.

<sup>5</sup>Either due to funds being expended or the 12-week timeframe for case work completed.

<sup>7</sup>In reporting on people who accessed the EVP in this section, and in the rest of the report, we include only eligible clients who received at least one payment (other than an immediate assistance payment) from the program prior to 1 April 2023.

Table 1. Eligible clients receiving financial assistance by jurisdiction (unit record data available)

<i>Jurisdiction</i>	<i>FY 2021-22</i>	<i>FY 2022-23</i>	<i>Total</i>
ACT/NSW	1,814	1,686	3,500
NT	97	86	183
SA	428	380	808
TAS	14	89	103
VIC	475	2,134	2,609
QLD	655	2,337	2,992
WA	54	1,156	1,210
<b>Total</b>	<b>3,537</b>	<b>7,868</b>	<b>11,405</b>

Table 2. Remoteness of EVP clients by jurisdiction

<i>Remoteness</i>	<i>ACT/NSW</i>	<i>NT</i>	<i>QLD</i>	<i>SA</i>	<i>TAS</i>	<i>VIC</i>	<i>WA</i>
Major cities	66%	-	59%	68%	2%	74%	72%
Inner regional	27%	-	21%	18%	71%	22%	8%
Outer regional	7%	59%	18%	10%	25%	4%	11%
Remote	0%	33%	1%	3%	2%	0%	6%
Very remote	0%	9%	1%	1%	0%	-	3%

Table 3. Differences in remoteness from 2021 census

<i>Remoteness</i>	<i>ACT/NSW</i>	<i>NT</i>	<i>QLD</i>	<i>SA</i>	<i>TAS</i>	<i>VIC</i>	<i>WA</i>
Major cities	-9%	-	-6%	-8%	2%	-3%	-7%
Inner regional	8%	-	2%	8%	9%	3%	-1%
Outer regional	2%	-2%	5%	-1%	-11%	0%	4%
Remote	0%	12%	0%	1%	0%	0%	3%
Very remote	0%	-9%	0%	0%	0%	-	1%

## Requirement to increase the reach of the EVP

The EVP trial has simultaneously been characterised by strong demand and by an indication that the program could have been serving far greater numbers than it has. Potential demand is likely much higher than current client numbers suggest, due to a number of factors:

- following initial publicity, the EVP has not been widely promoted to the general public or service providers, or to diversity cohorts
- many specialist women’s safety and similar services have not referred to the EVP because of difficulties with the application process and accessing the goods and services component
- there are substantial barriers to application prior to leaving a relationship, including safety concerns

- some people may pre-emptively rule themselves out and hence not apply for the EVP; for example, it might be assumed that the EVP is only for cis women because the publicly available information does not say otherwise.

Additional specific promotion and engagement is needed to ensure that all those who may require, and are eligible for support, can make an informed choice about whether or not to apply for EVP. This includes people from culturally and linguistically diverse communities, older Australians and people living in very remote areas in the Northern Territory, and possibly people with disabilities and people who identify as LGBTQIA+. Clients and other stakeholders have suggested that communication strategies could build on trusted community engagement points (such as bicultural health workers for culturally and linguistically diverse communities or LGBTQIA+ health services).

The initial experience of the EVP, where large numbers of people applied following the ministerial media launch, suggests that demand will be responsive to promotion. The program will need to be sufficiently resourced to ensure that additional demand arising from further communication does not negatively impact on service quality and timeliness. Women’s safety sector services interviewed for the evaluation have reported that they do not widely advertise their services for this reason. They also report other mechanisms for managing demand for scarce funds, including requiring people to enrol in their service to access brokerage and capping brokerage to individuals based on case worker judgement.

To this point, there has been a reluctance to promote the EVP because of the high numbers of applicants waiting to access the program. We understand that targeted promotion of the EVP will shortly commence, and suggest that this approach is monitored for both effectiveness and safety. Clients in the qualitative research also emphasised the importance of discreet communication to people in violent relationships to avoid the payment becoming another mechanism for coercive or financial control or a trigger to further physical violence. General practitioners, psychologists, counsellors and police were all highlighted as ‘safe’ channels through which to provide information on the EVP.

## What payments were provided through the EVP?

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>8</sup>

By 31 May 2023, the EVP provider reports that over \$89 million in support was accessed by EVP clients. As mentioned above, of this total, unit record data was available for 11,405 eligible clients to 31 March 2023, accounting for a little over \$48 million in support. The unit record data show that clients accessed:

more than <b>\$22.3 million</b> in cash payments	over <b>\$13 million</b> in material aid (a category which includes household goods)	over <b>\$3.9 million</b> in accommodation assistance.	over <b>\$1.6 million</b> in transport assistance
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Health and domestic and family violence supports were much less likely to be accessed, for instance, health care assistance attracted approximately \$360,000, counselling \$52,000, and domestic and family violence support over \$238,000.

<sup>8</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.

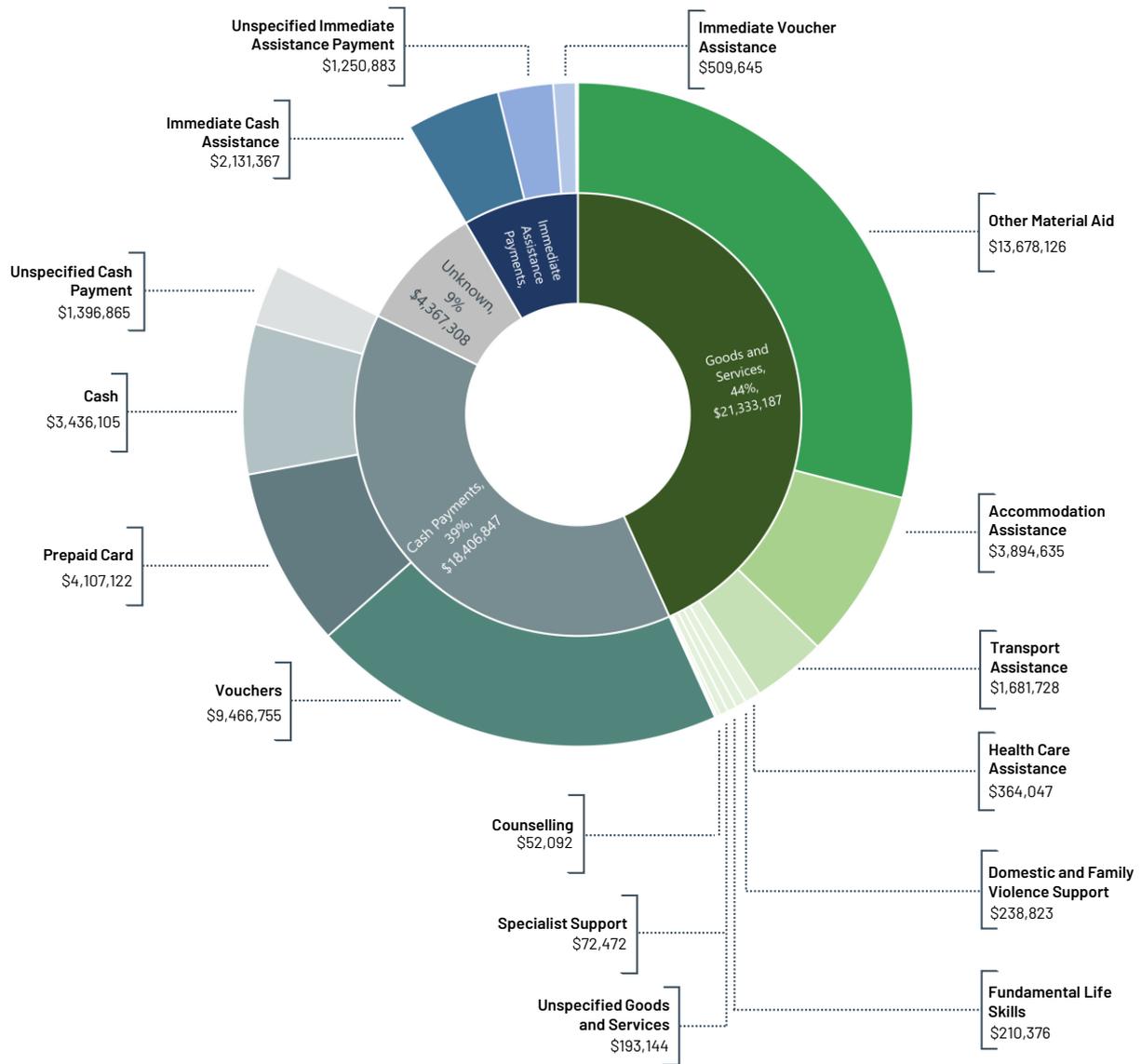
An analysis of closed cases shows an average package expenditure of \$4,224 per client who received any financial assistance.

Table 4. Detail of financial assistance provided to eligible clients by 31<sup>st</sup> March 2023 (unit record data available)

<i>Assistance type</i>	<b>Clients receiving</b>	<b>Value of assistance given</b>	<b>Mean value</b>
<i>Immediate assistance payments</i>	5,490	\$3,938,810	\$717 <sup>9</sup>
Unspecified immediate assistance payment	2,015	\$1,250,883	\$621
Immediate cash assistance	2,380	\$2,131,367	\$896
Immediate voucher assistance	1,047	\$509,645	\$487
Immediate prepaid card assistance	97	\$46,915	\$484
<i>Other cash payments</i>	8,779	\$18,406,847	\$2,097
Vouchers	5,123	\$9,466,755	\$1,848
Cash	2,995	\$3,436,105	\$1,147
Prepaid card	2,240	\$4,107,122	\$1,834
Unspecified cash payment	1,193	\$1,396,865	\$1,171
<i>Goods and services</i>	7,954	\$21,333,187	\$2,682
Material aid	5,161	\$13,678,126	\$2,650
Accommodation assistance	1,978	\$3,894,635	\$1,969
Transportation assistance	1,477	\$1,681,728	\$1,139
Domestic and family violence support	1,011	\$238,823	\$236
Health care assistance	578	\$364,047	\$630
Fundamental life skills	295	\$210,376	\$713
Specialist support	210	\$72,472	\$345
Unspecified goods and services	169	\$193,144	\$1,143
Counselling	86	\$52,092	\$606
Unknown or misclassified assistance type	8,677	\$4,367,308	\$503
<b>Total</b>	<b>11,405</b>	<b>\$48,178,558</b>	<b>\$4,224</b>

<sup>9</sup>According to the program design, the mean value of immediate assistance payments provided to clients should not exceed \$500 and the cash component not more than \$1,500. There are a number of reasons for reports of higher payments including the misclassification of payments by provider staff and other record keeping issues, and overpayment.

Figure 2. Value of assistance types provided.



There are clear differences in payment patterns, depending on the jurisdiction in which these are made. The relatively infrequent provision of immediate assistance cash payments in South Australia and goods and services in New South Wales contrasts with the assistance provided in other jurisdictions. These patterns reflect that the EVP has been implemented very differently across Australia. This includes for staffing and practices for maintaining engagement with clients during enquiry and application, as well as communication of the payment and extent to which client choice was prioritised. To illustrate:

- In New South Wales, assessment of applications and initial contact with clients has mainly been undertaken by staff with administrative qualifications; the jurisdiction did not have a strong emphasis on client engagement between the immediate assistance payment, and access to the remainder of the cash payment and goods and services. This helps explain the drop off in numbers of people between these points.
- The reasons for lower uptake of cash payments in South Australia are not immediately obvious. For instance, it may be that the stronger focus on case work for South Australian agencies meant that EVP provider staff were more likely to guide and support take up of goods and services.

In section 2 below, we further discuss the importance of strategies for promoting client engagement

during the access period and client choice. We understand that national consistency will be an ongoing focus for the department and EVP provider.

Table 5. Clients receiving each type of financial assistance by jurisdiction

<i>Jurisdiction</i>	Immediate assistance payment	Other cash payments	Goods and services	Unknown payment*
ACT/NSW	58%	47%	20%	50%
NT	10%	44%	99%	-
QLD	37%	94%	87%	-
SA	4%	52%	95%	-
TAS	47%	98%	88%	-
VIC	44%	98%	93%	-
WA	90%	96%	97%	-

\*Some payment data provided by Wesley Mission had no associated assistance type.

## People who received payments before they were found to be eligible

As well as the 11,405 clients included in the analysis above, there are a further 9,296 people for whom we have unit record data who received financial assistance through the program prior to 31 March 2023 but have either:

- not been found to be eligible *or*
- only received assistance prior to their eligibility being determined (e.g. did not access payments after their eligibility was assessed or never had their eligibility assessed).

Most of these (8,454) received an immediate assistance payment after making an application but before their eligibility had been assessed. Some of these applicants then had their eligibility assessed and were found to be ineligible, whilst others never progressed to eligibility testing.<sup>10</sup> This circumstance was significantly skewed to New South Wales, reflecting administrative arrangements in that state.

Reasons for clients not proceeding to eligibility assessment following receipt of an initial payment were provided through the primary research with clients, referral services and the EVP provider. This included long timeframes for accessing payments, lack of support to obtain the documentation required to determine eligibility and/or confusion amongst clients about what was required to proceed to the next stage of the EVP. Some clients reported that they did not proceed because they did not require further support, for example, had obtained a job while waiting to access the EVP.

<sup>10</sup> The eligibility of applicants is unavailable for most unit records available to us at the time of writing, so we cannot estimate these proportions.

# What were people's experiences of accessing the EVP?

## Self-referral vs agency referral

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

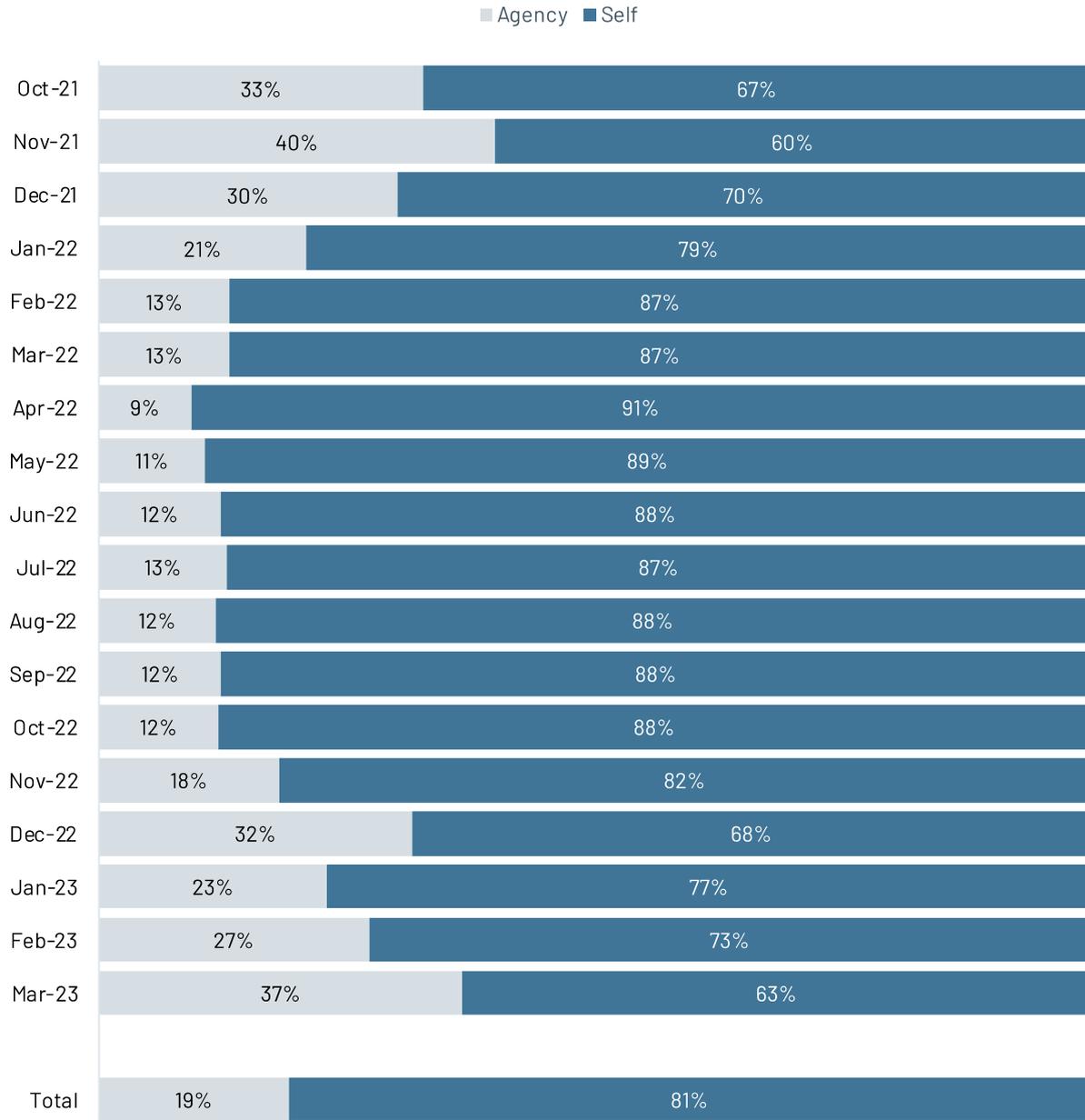
- Self-referral involves completing a client online enquiry form and engaging with an EVP intake and case worker (depending on the service structure these may be the same or different people) to determine eligibility, complete risk assessment and safety planning, and support expenditure.
- Agency referrals involve completing an agency online enquiry form, with agencies undertaking risk assessment, safety planning, case planning and support for spending the payment.

The extent to which people have accessed the EVP via these two pathways has varied over time. At a national level, the proportion of agency referrals has dropped as low as 9% and now sits at 37%. The reasons for increased application via agency referral include the EVP provider's improved engagement with, and promotion of the EVP to, other services, and a streamlined agency application process.

**The extent to which people have self-referred into the EVP has been a key learning for the trial.**

The qualitative research has illustrated that whilst some clients who self-referred would have preferred to access the EVP via their existing support services, a new service access point was valuable for others, because they did not want to, or could not, access other supports.

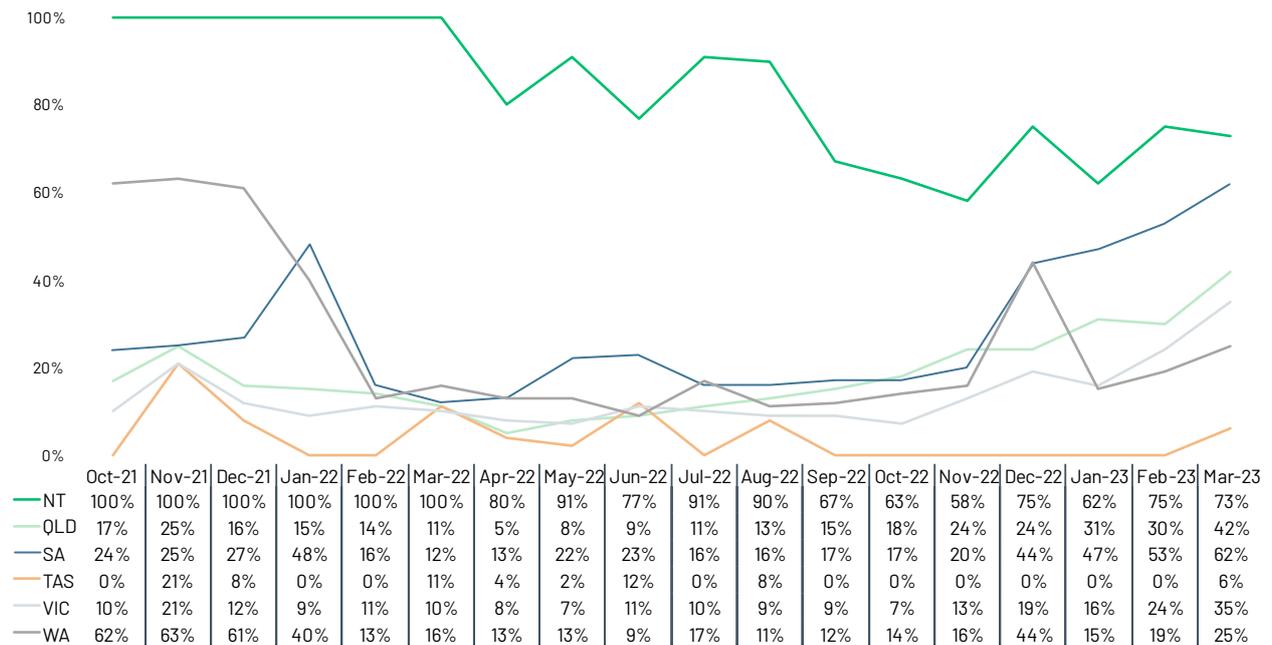
Figure 3. Proportion of agency and self-referrals over time



Does not include referrals to Wesley Mission or Uniting SA, neither of whom could provide the necessary data.

Some EVP provider network members have consistently received a greater proportion of agency referrals than others, and some have seen fluctuations in this proportion over time. To illustrate, two-thirds of Uniting Country SA’s clients have been consistently referred by an agency. This reflects that Uniting Country SA had existing good relationships with women’s safety sector services prior to the establishment of the EVP. Higher levels of agency referrals can also reflect satisfaction with timelines for access. South Australia has had higher numbers of agency referrals and satisfaction scores in the frontline worker survey, and also lower numbers of clients and quicker processing times throughout the trial, compared with states such as Queensland and Victoria. Higher levels of agency referrals can also reflect barriers to access. The Northern Territory has also been characterised by high numbers of agency referrals throughout, which appears to reflect barriers to individuals self-referring from remote and very remote areas. This includes where people don’t have the English or consistent access to internet enabled digital devices required to access the EVP online enquiry form.

Figure 4. Proportion of agency referrals over time by jurisdiction to 31 March 2023 (Data not available for ACT/NSW)



### Satisfaction with experiences of the EVP

Experiences of accessing the EVP have changed over time, in line with service improvements by the provider. Until early 2023, clients and referral agencies reported long wait times, confusion over what the EVP offered, and a cumbersome application and payment process. The qualitative interview findings and survey and administrative data suggest that the experience of accessing the EVP has improved for aspects such as timely and streamlined payments and client choice, as well as referral agency access. Evaluation findings suggest scope for further improvement in areas such as the accessibility and inclusivity of the application and assessment process, and case worker support according to need, including with respect to making referrals to other services. Timeliness of access for self-referrals is still fluctuating, and requires monitoring. In section 2 below, we provide further detail on each of these aspects, including specific options for improvement.

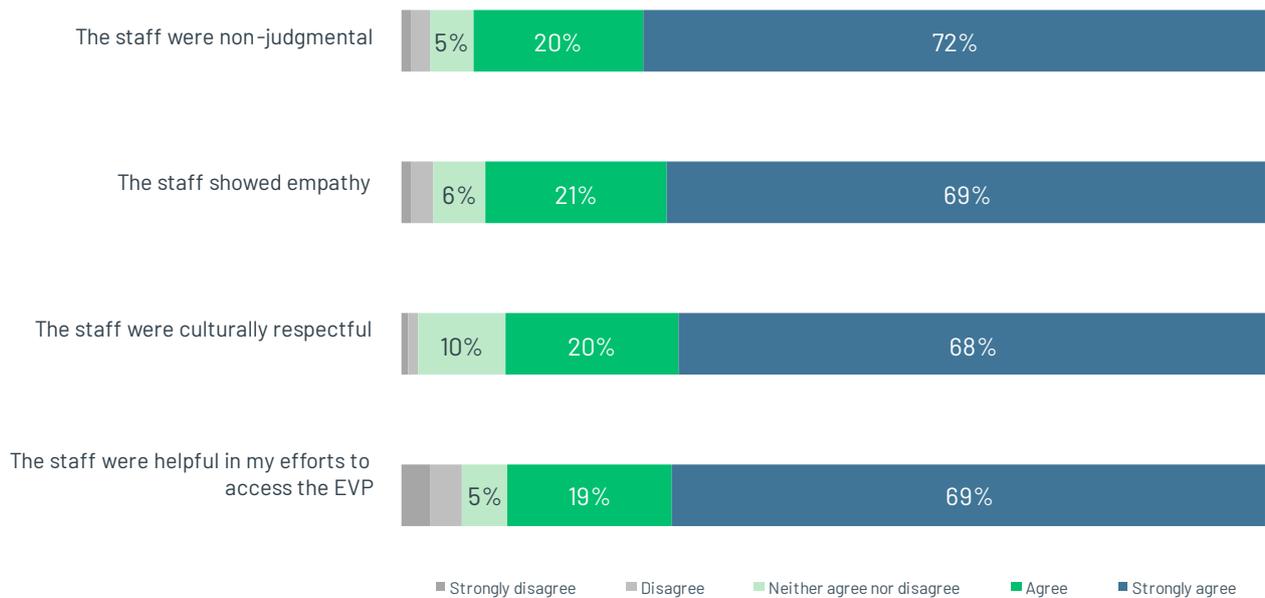


They were very helpful. When you have been through family violence it is good to have someone do things on your behalf. You are too traumatised to do too much work. **Client**

In the most recent client survey undertaken in April 2023, client interactions with EVP staff were generally reported to be positive, where 70% of those who applied on their own behalf said that staff were non-judgemental, 69% that staff showed empathy and 70% that staff were helpful with their efforts to access the EVP. In the qualitative research, clients were largely appreciative of the demeanour of workers, and described them as kind, understanding and supportive, however, not everyone’s experience was positive. For example, one client complained that her case worker was forgetful and was often slow to follow up on requests. Others felt that case workers were unsympathetic and judgemental.

The April 2023 qualitative research further suggested that in their efforts to reduce timeframes, the EVP provider has shifted towards being too transactional, with some clients reporting rushed interactions, characterised by a lack of care. The extent to which clients receive sufficient support under the new tiered case work model requires further monitoring.

Figure 5. Qualities of EVP provider case workers described in the client survey



B1. Please indicate how much you agree with each statement. Sample: 246 EVP Clients who filled their applications out themselves. note: Exact percentages differ slightly to text description due to rounding error. Labels less than 4% removed for clarity.

Whilst referral services welcomed additional funds for women who were fleeing violence and could see the benefit for their clients, in 2021 and 2022 many were reluctant to refer clients to the EVP. Referring services were frustrated by the administrative burden and lack of trust placed in their professional judgement with respect to risk assessment and safety planning, eligibility and case planning. This feedback led to the EVP provider streamlining the application process for referring services and improving promotion of the EVP to the sector in late 2022 and early 2023. This is reflected in improved agency referral rates and increased satisfaction amongst the referral services surveyed for the evaluation.

Referral agencies note that even with improvements to the service experience, the EVP model requires them to undertake additional case work to support clients to access the payment and that they are not remunerated for this (in contrast to the EVP provider). This can be a source of resentment.

The fragmentation of the service system means that some clients are needing to manage multiple case workers from other programs in addition to the EVP. To illustrate, one client in the qualitative research described how she was managing calls from case workers from housing/homelessness, financial counselling, child protection and more. This can be a barrier to access for the EVP, as managing multiple touchpoints is time consuming. Having to manage multiple services magnifies an already difficult situation for victim survivors.

Women’s Safety Sector services also described the way in which having to obtain brokerage and supports from multiple sources imposes a burden on them, and limits their ability to provide other supports to clients.

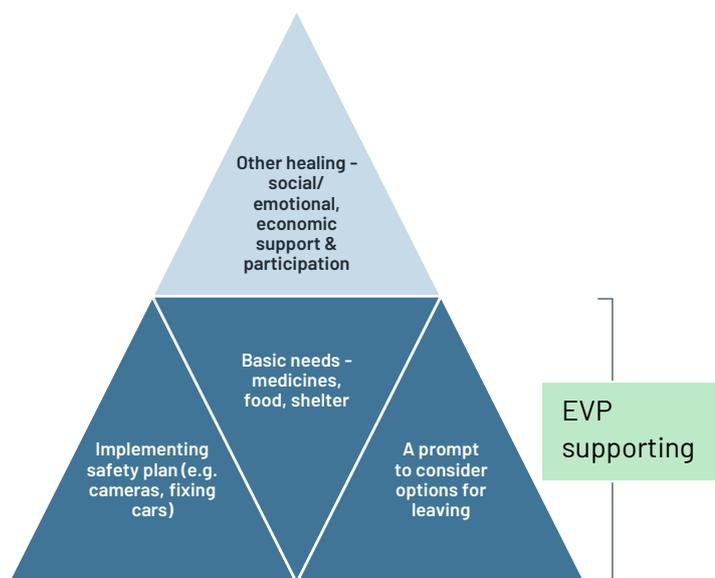
Table 6. increased satisfaction amongst the referral services surveyed for the evaluation

% surveyed referral services who ....	2022	2023
... agreed that it is somewhat or very easy for people leaving violent relationships to access the EVP	18%	46%
...were dissatisfied with their interaction with the EVP	39%	16%
...were dissatisfied with the timeliness of access to the payment for their clients	58%	26%

## What outcomes are being achieved for people who have accessed the EVP?

The performance management framework outlines a number of outcomes and indicators. These include whether the EVP has provided clients with more options for safety planning, and whether clients report a reduction in financial stress, and an overall improvement in their sense of physical or emotional safety after accessing the EVP. The EVP is achieving against all these measures.

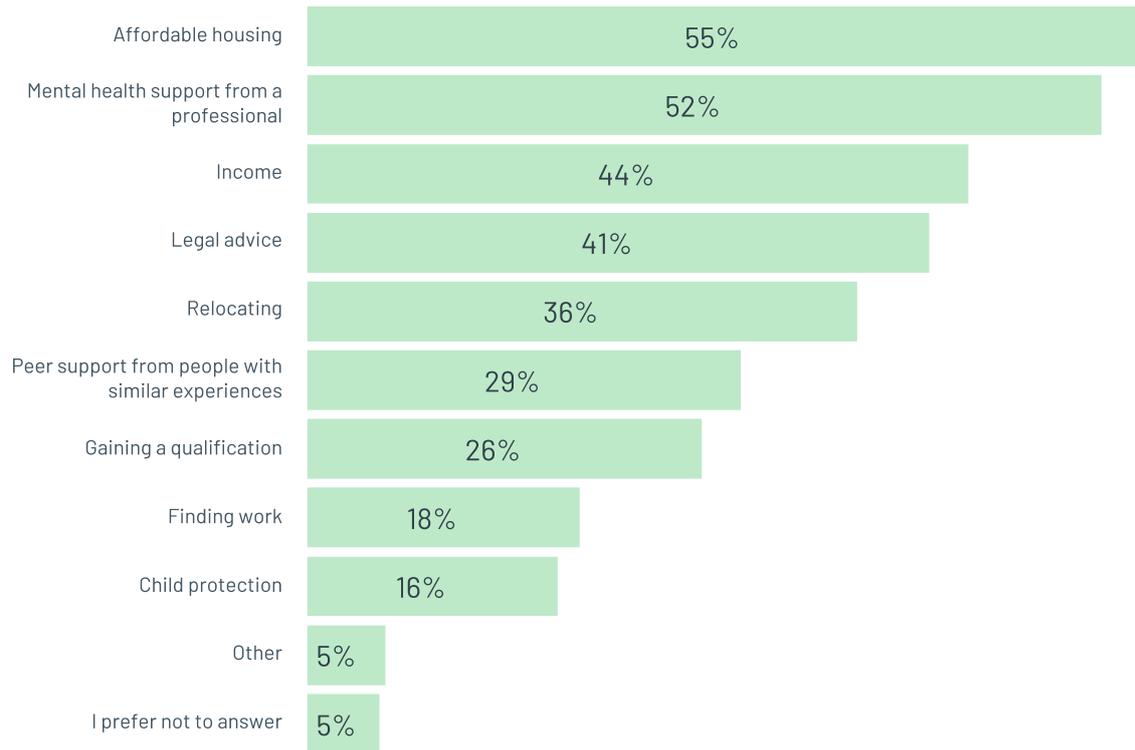
The \$5,000 payment was reported by research participants to be making a difference in people’s lives. It was reported that it did this by (for some) providing a prompt to consider options for leaving, and addressing immediate financial barriers to being able to make decisions about permanently leaving violent relationships. The payment is typically used to address the most urgent needs in people’s lives, including transport, food, shelter, medication, and implementing safety plans.



Clients reported a number of intangible benefits, which included establishing a sense of home, normalcy and a sense of empowerment. A key learning of the evaluation is that the quality of service, and the extent to which this supports client agency, is key to achieving these intangible benefits, and supporting healing.

It is clear that whilst the EVP removes an immediate financial barrier to permanently leaving a violent relationship, it is not sufficient to meet many other needs associated with healing, including social/emotional, economic support and participation. EVP clients reported a range of unmet support needs. Housing dominated this list (mentioned by 55% of clients), followed by mental health support from a professional (mentioned by 52%), income ((mentioned by 44%), legal advice ((mentioned by 41%), peer support ((mentioned by 29%), help with gaining a qualification ((mentioned by 26%) and finding work ((mentioned by 18%), and assistance with navigating child protection ((mentioned by 16%). These needs emphasise the importance of referrals from the EVP to other services and for better resourcing of the broader service system.

Figure 6. Unmet needs (clients surveyed for the evaluation)



C4. Recovery and healing can be different for everyone. In the last year would you have liked more support with any of the following? Sample: 361 EVP Clients.

## Financial contribution to support people in making choices about leaving violent relationships

The EVP was established on the understanding that finances were a key barrier to people making choices about leaving violent relationships.

In the qualitative research, clients and referral services described a number of benefits. Clients talked about leaving relationships with little or no income or savings (and in many cases had substantial debt). Fear of homelessness could be a key barrier to leaving. As a new financial support, the EVP provided a prompt for people to consider or reconsider their options for leaving as well as tangible support to do so. Clients also described the way in which the EVP provides short-term relief from financial stress by funding access to transport, accommodation, shelter, food, basic safety planning requirements and other necessities.

The quantitative survey data also illustrates the importance of financial supports in being able to make choices about staying or leaving violent relationships. Of the clients surveyed:



If I had access to this in the earlier attempts (to leave) I would have avoided so much abuse. If I had it when I left the first time, my life would have been different. **Client**

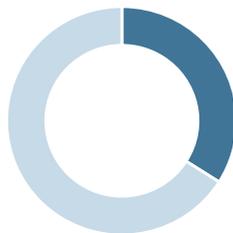
It helped me feel like I am accomplishing things on my own for my kids. Made me feel a little more independent and capable, yes I can do this and I will be fine. **Client**

The minute you've got everything back to normal, life can begin again. You can start over. It made me feel a lot happier. I've got a new life, we've started afresh. We're going really well. Without [the EVP] I don't know what I'd have done. Without their help it would have been so hard. They opened and closed some doors and helped me move on. **Client**



**57%**

agreed that 'without the payment I could not have left the relationship'



**34%**

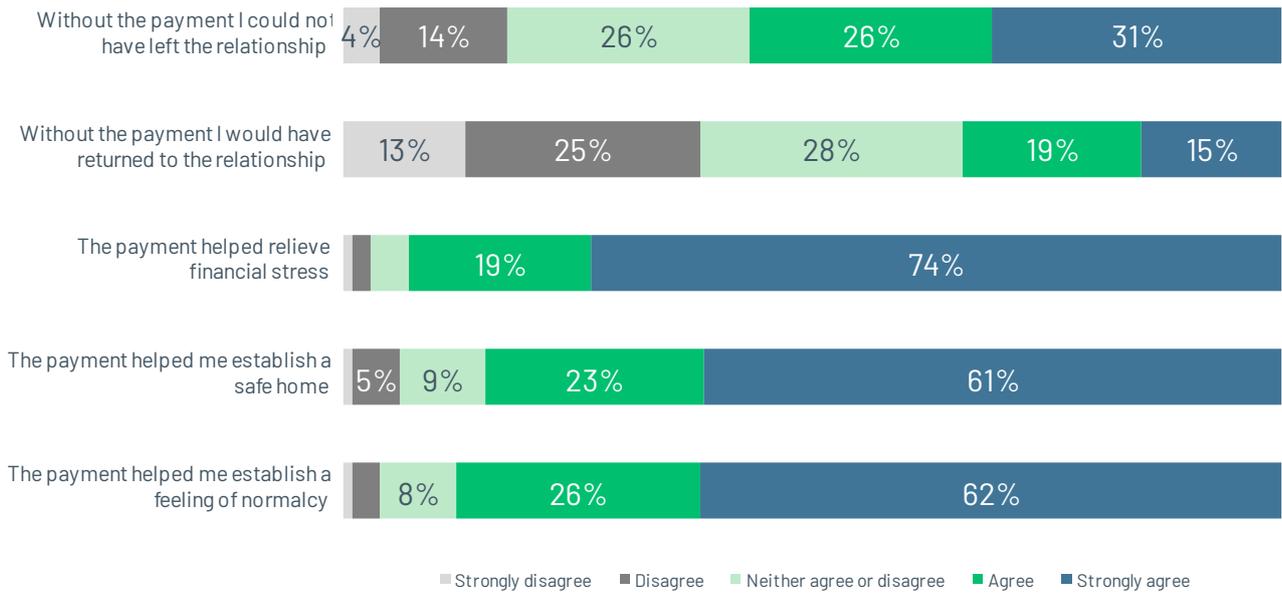
that 'without the payment I would have returned to the relationship'



**94%**

that 'the payment helped relieve financial stress'

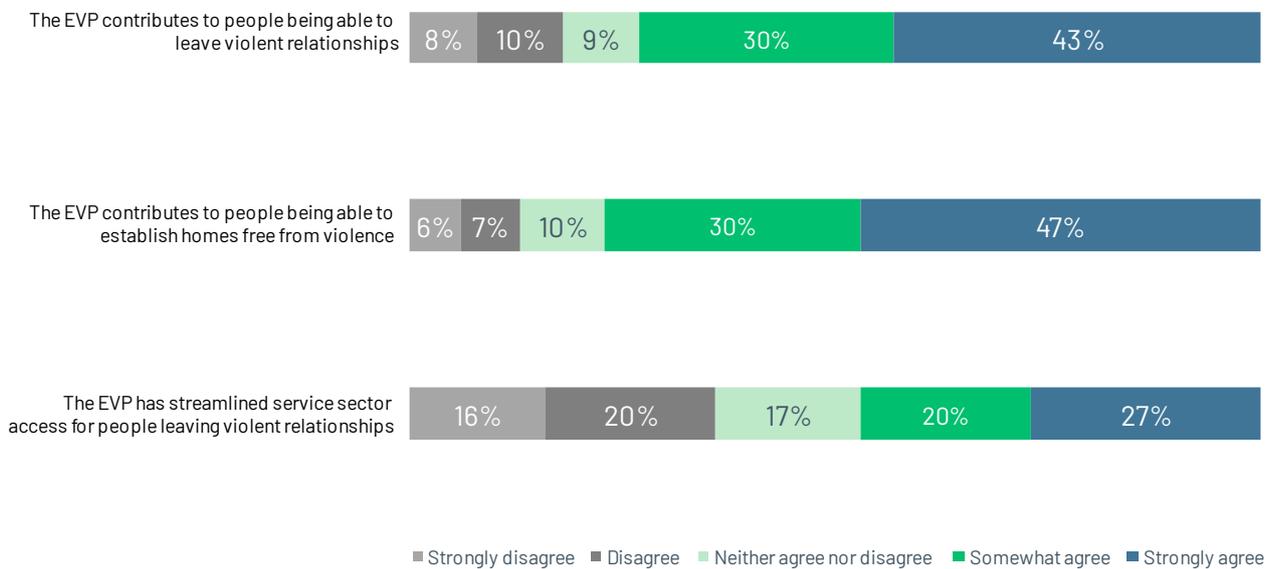
Figure 7. Benefits of the EVP (clients surveyed for the evaluation)



C1. This next section asks about the difference that the Escaping Violence Payment made to your life. Please indicate how much you agree with each of the following statements. Sample: 350 EVP clients. Note: Labels less than 4% removed for clarity.

In the frontline worker survey, 73% of participants felt that the EVP contributed to people being able to leave violent relationships, and 77% felt that it contributed to clients being able to establish homes independently.

Figure 8. Benefits of the EVP (from the point of view of referral agencies)



D1. To what extent do you agree or disagree with the following statements? Sample: 564 Referral Service Workers. Note: Labels less than 4% removed for clarity.

## Improvement in physical and emotional safety

The qualitative interviews with clients illustrated how the EVP can make the difference between just subsisting and creating a comfortable home. For instance, people talked about how much difference it could make for their children to be able to wear a school uniform and fit in at their new school, to have beds to sleep in, a sofa so that they did not have to sit on the floor, or a fridge or freezer so they did not have to walk to the supermarket each day and could plan and prepare cheaper and more nutritious meals. In addition to being a practical help, these items made all the difference in helping create a sense of a home and normalcy.

In the client survey:

- 85% of participants said that 'the payment helped me establish a safe home'
- 88% of participants said that 'the payment helped me establish a feeling of normalcy'.

Where the EVP promotes choice, for example by supporting client agency with respect to obtaining goods and services, this could be important. Clients told us this supported a sense of independence, as well as hope about what lies ahead. Where people were provided with access to wraparound supports (such as to address substance misuse, or trauma counselling), this was also reported to be important to emotional safety.



It gave me strength to think I am not alone. It gave me a chance to say I CAN stand on my own two feet. The journey outside is unknown, you don't know what will happen, but knowing I have some help, by my own rules, gives me the strength to keep going. I won't go back this time I don't reckon. Client

I would just say it was an absolute godsend. It made such a difference in getting on my feet, and feeling like I could provide and look after kids. I always thought I could. We lost our lounge, fridge and washing machine, they were things that belonged to him. Being a single parent, they are the things that I would have struggled to buy on a weekly basis from a Centrelink income. It made me feel so independent to have that stuff. I had been in a long-term relationship where I had no power and money and choices, and to be able to give to kids myself was such an amazing feeling. This was the point where I turned around, because not much had been mine. I didn't have a job or friends, I hadn't really been allowed to.

**Client**

## What factors influenced program effectiveness?

A number of factors have been identified as being important to the effectiveness of the EVP. These have been a focus for continuous improvement for the EVP provider. This experience also provides valuable learnings for other similar programs (as has been the intention of the trial). The factors include:

- 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.

Below we discuss the issues in the context of the EVP, with reference to implications for the broader service system.

## Accessible and inclusive application and assessment processes

The EVP has highlighted the role of accessible and inclusive application and assessment processes in minimising barriers to access.

### Accessible application process

Whilst digital first is increasingly accepted as a service delivery model (and is preferred by some clients), a web only enquiry option can limit access. Clients and other stakeholders raised significant barriers to completing the online enquiry form without support for people who:<sup>11</sup>

- have difficulties accessing or using the internet
- have concerns about privacy or their data being misused
- have low levels of English language and/or literacy
- are experiencing high levels of emotional, psychological or physical distress
- have a cognitive or psychosocial disability or acquired brain injury
- do not have access to the internet or appropriate devices.

The EVP provider has made ongoing efforts to increase the accessibility of the online enquiry form. The new combined enquiry and application form has been tailored to be more accessible and will include options for applicants to request support to complete this process. We understand that the accessibility of this process and need for additional options (including for older people and people with disability, two key cohorts that are under-represented or not well recorded in the data) will continue to be monitored by the department.

### Effective communication during application and assessment

Another key learning from the trial has been the importance of maintaining engagement for clients that self-refer during application and assessment. A significant number of clients disengage between enquiry and completing an application. Of the 44,375 people who made applications to the program before 1 April 2023, 16,190 (36%) have been found to be eligible. Over 3,300 (7%) were in progress, awaiting eligibility assessment or confirmation. A further 10,294 (23%) have been found to be ineligible.<sup>12</sup> The remaining 14,586 (33%) did not proceed for a variety of reasons, as discussed below.

The gap between numbers of people who apply and who are determined eligible can partly be explained by people realising they are ineligible or otherwise no longer wishing to apply for the EVP. It is also attributable to a process that can be difficult for some. The qualitative research identified the need to tailor access in circumstances where clients:

- can't access emails, voicemails or make calls
- are in overwhelm and have not been provided with clarity about next steps
- are experiencing illness or injury
- have social, emotional and cultural requirements to support engagement with unknown service providers.

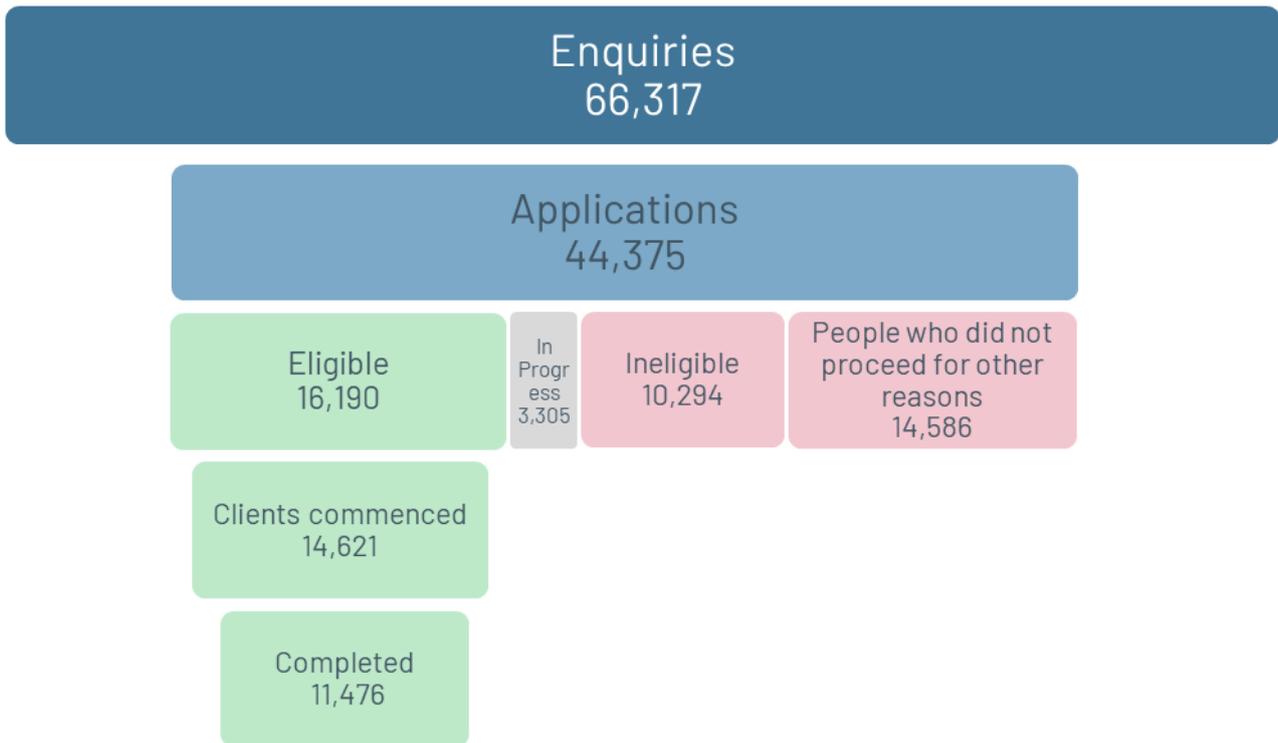
Each barrier is outlined in more detail in the breakout box below. There are opportunities for the EVP provider further address these barriers and improve access. These issues are also relevant to self-access programs more generally; discussions with the service sector suggest that for many other domestic and family violence payment/brokerage programs, clients are supported by case workers to access and remain engaged in brokerage programs, and that warm referrals are required for effective service engagement. This suggests that additional efforts are needed to support engagement for self-referral programs.

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<sup>11</sup>Not surprisingly, the evaluation did not hear from those who were unable to complete the form

<sup>12</sup>We do not have data for the reasons for ineligibility. As a proxy, when clients complete the webform they complete initial eligibility screening. Reasons for screening out at this stage included being over 18 years of age (26%), not being a citizen or permanent resident (39%), not experiencing intimate partner violence (30%), not meeting the change of living arrangements criteria (27%)

Figure 9. Enquiry, application and casework volumes from commencement until 31 March 2023



Barriers to engagement prior to and during intake

**Access emails, voicemails or make calls**

There are many reasons why people take time to respond to emails or calls, including loss or damage to a phone, insufficient phone credit or data, or safety concerns. Some EVP clients said that it took time to initially engage (and remain engaged) because they were reluctant to take calls from a number they didn't recognise. Sending an SMS in advance to let people know to expect a call can help to speed up the time it takes to connect with clients by phone and streamline service delivery.

**Overwhelm and/or confusion about next steps**

Some clients were overwhelmed or confused by the initial email response to their enquiry by the EVP provider, including about what they had to do next to access the EVP. It wasn't always clear to them what they were being asked to do or that help was available if they were unable to complete the application on their own or didn't have access to documentation.

**Illness or injury**

Some clients told us that they had missed out on engaging with the EVP because they were sick or in hospital when the EVP provider tried to get in touch. For example, one person had an acquired brain injury that on 'bad days' could affect her ability to take calls or respond to emails; another was in hospital and taking pain medication and missed the contact from the EVP provider.

**Social, emotional and cultural barriers to engaging with unknown service providers**

There can be a range of social, emotional and cultural barriers to engaging directly with services, particularly if clients haven't interacted with them before or have had negative experiences with specialist domestic and family violence or other agencies. Whilst filling in the online enquiry form was relatively easy for most, the prospect of having to speak to someone about their experiences and

needs or provide further information to an organisation they did not know or trust could be very confronting. Some applicants were very apprehensive about progressing their application due to fear that they would be judged or pressured into taking a course of action that they weren't ready for or didn't feel safe doing. Aboriginal and Torres Strait Islander and culturally and linguistically diverse clients were also anxious about cultural safety and the risk of furthering intergenerational abuse and trauma. Overcoming these barriers will likely be challenging for the EVP provider given lack of face-to-face access.

### Ease of establishing eligibility

In the early stages of the program, providing evidence of eligibility was reported by clients 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 paperwork that 'proves' any aspect of their lives, especially when a perpetrator has restricted their access to a passport, driver's licence or a bank account of their own. In some cases, people do not have access to the required documents because they left in a hurry or because it was unsafe for them to return home to collect these.

Until late 2022 the EVP provider routinely requested that applicants supply documents during assessment. In many cases this request was made via email, without any conversation having taken place with an EVP worker. Whilst potential clients who already had access to the necessary documentation (or were linked in with services that can help) could respond quite quickly and easily to this request, others gave up at this point – particularly when asked to provide documentation to show that they had been abused. For those who were in the process of leaving when they applied for the EVP, the administrative and mental burden associated with gathering and submitting evidence could be a strain. Some were fearful that this would expose their plans to the perpetrator. A number had experiences where various organisations had not protected their privacy and inadvertently released details to the perpetrator, making them particularly vigilant about their privacy. Whilst the EVP provider and referral services were often able to support clients and work with them to find solutions, this took time and added to their stress.

Referring agencies also reported that they had multiple requests for clarification and additional supporting documentation from the EVP provider. This could lead to delays in applications being approved as well as resentment amongst referral services given the already high workloads.

The EVP provider has now changed its risk settings to support greater use of professional judgement by provider staff. For instance, if a person is unable to provide documentation for all of the eligibility criteria, provider staff are able to use their judgement to support applications. This change has reduced the extent to which confirming eligibility through documentation alone is a barrier to application, in line with the original design of the program.

In order that other programs can learn from the EVP, difficulties in establishing eligibility for the payment are further described in the breakout box below.



No-one is owed my story but it's like you've got to convince people. The process is retraumatising and humiliating, asking people for a GP or police report. I would like them to think long and hard about the rigours it puts us women through. All it does is make us feel small. The burden of proof shouldn't lie with the person being abused.

**Client**

### **Difficulties in establishing experience of domestic and family violence**

Significant barriers to providing supporting documentation exist for those who are unable or reluctant to report the abuse to the police or other authorities due to lack of cultural safety, the stigma around domestic and family violence and/or fears that they will not be believed or protected from further harm. This can be heightened in rural and remote communities where the perpetrator may have links with local police or other authorities. Victim-survivors of emotional and financial abuse could be especially worried that the authorities won't take them seriously, yet without a police or doctor's report they struggled to produce the evidence required to show eligibility. Some said they were questioned by provider staff about why they had not gone to the police or told anyone about the abuse – this could leave them feeling ashamed, alone, and even undeserving of help.

### **Difficulties establishing financial hardship**

Some clients struggled to demonstrate financial hardship because they did not have a bank account in their name or weren't able to access bank statements, were working (and yet were unable to spend their money on things that they needed to escape violence without their partner finding out), owned their own home (and yet were unable to live in it), did not qualify for Services Australia payments due to the perpetrator's income, or had saved money they had spent months or years putting aside as part of a secret escape plan.

### **Difficulties establishing changed living circumstances or plan to leave**

Where people were staying with family or friends, sleeping rough, or living in temporary accommodation, it could be difficult to provide evidence of a recent change of address. (Some were also reluctant to disclose this out of fear that these details could be shared with the perpetrator or leaked to someone who knows them.) Likewise, demonstrating the intention to leave could be challenging for those who were living with the perpetrator.

## **Effective risk assessment and safety planning**

Risk assessment and safety protocols have been changed throughout the trial, reflecting the changing EVP delivery arrangements.

The trial has highlighted how jurisdictional differences in risk assessment and safety planning regimes can provide difficulties for a national program. At present, even under central intake arrangements, clients are screened at the jurisdictional level by different providers using the legislated framework for that jurisdiction. The EVP provider is investigating a national screening tool that addresses the needs of each jurisdiction.

The EVP provider uses brief and intermediate screening tools, aligned to MARAM (the Victorian Government risk framework). Where clients screen as high risk, they are immediately provided with a warm referral to a specialist service, in addition to access to the EVP. The introduction of a national client database means that provider staff have visibility of the full history of engagement with EVP when speaking with a client over the phone.

In this context, we note that EVP delivery has been undertaken by staff with a variety of expertise in domestic and family violence. In some jurisdictions, intake (including risk assessment and safety planning) has been undertaken by administrative staff. This is related to the original assumption that the trial would provide funding to victim-survivors already being supported by specialist frontline services. The department did not request that staff have specialist domestic and family violence service delivery experience, but instead required trauma informed practices and domestic and family violence knowledge.

(A core focus for the selection process was the ability to administer a national payments program – consistent with the assumptions and objectives of the program as it was originally designed.) We recommend that this approach be remedied for any future programs.

## Timeliness of access and streamlined payments

### Timeliness of access

The trial has emphasised the importance of quick turnaround times for payments in supporting clients. In recognition of this, the department and EVP provider have invested in resources and systems to minimise timeframes for access. Timeframes for accessing the EVP now involve an average of:

- 1 business day from enquiry to first contact attempt
- 1 business day from application received to commencement of eligibility assessment
- 6 business days from eligibility confirmation to initial payment post-eligibility.<sup>13</sup>

This is a significant improvement on earlier timeframes. There is general agreement that until early 2023, timeframes for processing EVP applications and facilitating client access were acceptable in most jurisdictions but could take months in some instances. The impacts of these longer wait times varied. Where people believed that the EVP was their only way out of a violent relationship and that their lives or the lives of their children were in danger, waiting for an outcome added to their significant stress levels. Several experienced ongoing violence and/or became homeless during this time. Others had bought items with the hope of being reimbursed if they were accepted into the EVP, only to discover later that this isn't how the program works. For some, the time it took to process their application meant that the EVP was no longer as relevant by the time it was eventually approved.

### Streamlined payments

As with timeframes for access, streamlined payments has made all the difference in how clients experience the EVP. Below we include key findings to do with access to payments to support future learnings.

When and how the EVP cash component is paid has varied since the start of the EVP trial, as well as between jurisdictions. In the first few weeks and months of the program, clients were not always provided with options for funds to be paid via bank transfer, and choice of vouchers was often limited. This reflected the early policy parameters for the program, which stated that the provider would be expected to substitute cash with alternatives wherever possible, such as using vouchers/gift cards. Early feedback indicated that this did not meet the needs of those accessing the program, so the department revised the policy parameters to include that cash should be paid where safe to do so.

How the goods and services component is arranged has also varied across jurisdictions, and the process and what is chosen has been driven by a number of factors, including client preferences, case worker judgements about what is appropriate and fraud control. Early in the program, options for accessing brokerage included clients providing invoices that were then paid directly by the EVP provider, or screenshots of products from a selection of online retailers that were then ordered by the EVP provider. These processes placed an administrative burden on both clients and provider, and limited choice to online retailers and those that could arrange a tax invoice. Online orders could also lead to lengthy delays in the goods being delivered if the item was out of stock when the order was placed.

For the most part, clients are now provided with increased choice via less administratively burdensome options such as a digital EML card, prepaid Mastercard and Prezzy vouchers. Of note, the EML card is

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<sup>13</sup>Calculated as of 31 May 2023. Wait times currently reflect the time taken from receipt of the application form to first payment. The EVP provider network will shift to use of a central ICT system with a central intake system by end July 2023. As part of this system, the application form will be available on the website. This means that instead of making an initial enquiry and then receiving the application form, as has happened to date, enquiry and application will be a single step, and this will be reflected in reporting for timeframes.

valid for 12 months from the date of issue,. This allows time to provide time to secure accommodation in an extremely constrained housing & rental market

## Flexible case work support provided according to need

A key driver of effectiveness for the EVP – and an important learning for other future programs – has been tailoring case work support to individual clients' needs.

Clients came into the program with very different support needs and readiness to purchase goods and services. Some started with a very clear idea of how they wanted to spend the payment and did not need extensive (if any) support from case workers. Others were in such a heightened state of anxiety that they found it difficult to think clearly or make a decision. Having someone who could guide them through each step, offer suggestions, and provide emotional and practical support along the way was invaluable. Whilst some clients would have preferred to be paid \$5,000 as a lump sum as soon as they qualified for the program, others reported that they were not in the right mindset at the time to make decisions about how best to use the funds. For some, having the guidance and support of a case worker to develop and implement a plan for spending the funds played a crucial role in supporting them to make decisions about safety.

The EVP model has varied widely in how the level of case work support is offered to clients. In the early stages of the program, one of the factors influencing drawn out timeframes was that all clients were provided with relatively high levels of case work support, regardless of whether they wanted or needed this. From late 2022, the provider moved to a 'triage' model, where questions in the application form are used to assign clients with different levels of case work support. Based on the most recent qualitative interviews conducted in April 2023, it appeared that this process has not been entirely successful, and that the focus on more efficient service delivery to reduce timeframes has impacted the quality of case work support. Many clients described rushed interactions, from risk assessment and safety planning to case planning, spending money and referrals. We understand that the EVP provider has been alerted to, and is addressing this, but note that the tension between a transactional and relational service model is likely to be an ongoing issue. We suggest this is monitored through ongoing client surveys.

Clients will be asked how they would like to be supported in the new application form as part of the new ICT system being implemented in July 2023. This will provide clients with greater opportunity to let the provider know what support they need.

At the time of reporting, administrative data on case work sessions was not available for Wesley Mission, Uniting Care Wesley Bowden and Uniting Communities. The administrative data available for the other agencies classifies each session as one of:

- intake/assessment
- eligibility assessment activity
- risk assessment and safety planning
- indirect case work
- information/advice referral.

Over half of eligible clients(58%) received at least one intake/assessment session, and a similar proportion received at least one of the other types of case work sessions.<sup>14</sup> On average, clients receiving case work other than intake/assessment attended between 2 and 14 sessions depending on the EVP provider network member. Feedback from the EVP providers suggests that this variation is partly driven by network member philosophy about the importance of case work and the type and availability of staffing. The department and EVP provider are now focusing on better addressing national consistency, and hence

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<sup>14</sup>Does not include clients who were found eligible but then could not be contacted by their casework team. See Figure 9. Enquiry, application and casework volumes for further details.

equitable access for clients.

Table 7. Proportion of clients who received case work sessions

Jurisdiction	Intake/assessment sessions	Other case work sessions	Average number of other sessions
ACT/NSW	58%	58%	5
NT	77%	87%	2
QLD	82%	50%	4
SA	84%	75%	9
TAS	53%	64%	3
VIC	57%	66%	3
WA	27%	70%	8

## Client choice and agency

The department deliberately designed the EVP to be flexible and support a strengths-based approach to meeting the individual needs of people choosing to leave violent relationships. This is in line with the design principles (trauma informed, strengths-based, culturally safe and appropriate, flexible and responsive, upholds service user’s agency and control of their lives).

While limitations on client choice were not intended in the EVP’s design, lack of client choice and agency has been a key criticism of the EVP from the women’s safety sector and victim-survivor advocates, as well as those using the service. The experience of the EVP has reinforced that constraints limiting choice in service delivery reflect the violence that people have experienced, and that best practice is to provide services and supports that are empowering, promote agency and promote strength.

In the early days of the program, lack of choice was attributable to poor communication (where clients did not have clarity on the amount of money they had access to, spending guidelines or timeframes for spending this) and to instances where EVP case workers were making decisions that inappropriately infringed on client choice. The EVP provider is working to address this through training for staff and payment methods that provide clients more agency. Reflecting these changes, in the most recent client survey undertaken in April 2023, approximately three-quarters (75%) of clients said they were able to make their own decisions on how the money was spent. We suggest that the effectiveness of these changes continues to be monitored.

Many stakeholders (including from the women’s safety sector and victim-survivor advocates) have been in favour of further optimising choice for the EVP – for example, simplifying service delivery to include the option for an immediate \$5,000 cash transfer into the bank accounts of



I wasn’t happy that it was just doled out [i.e. that the payment was not made in one transfer]. Like they don’t trust you to spend it wisely. Client

For me, I think it’s a good thing that they don’t give it to you all at once. After the assault, I was self-harming, I was not in the right frame of mind to have that kind of money in my account. I needed the first couple of weeks to just grieve and to process what had happened. I would have just squandered the money, because I was in crisis mode. **Client**

eligible clients. They argue that anything less represents a judgement of the victim-survivor's capability and a dynamic that closely replicates abuse. This option may not address the needs of clients who feel that they may not have spent the money in a way that serves their own best interests if they had access to all of it immediately. An option is to offer clients choice for case planning. The challenge is that the benefits of case planning are not always recognised until later; offering clients a choice to receive case planning may mean that people turn this down and regret their decision in hindsight. Still, on balance, a model that prioritises choice (informs clients of the options for support and for upfront or staged access to the \$5,000) would appear to best meet the needs of most clients through promoting agency, empowerment and buy-in. For government funders, this also needs to be balanced with the potential for coercive control<sup>15</sup>, financial abuse, fraud and so on.

## Access to appropriate supports outside the EVP

The evaluation explored how a standalone provider could valuably provide financial and time limited support to people leaving violent relationships. Findings suggest that this is most effective where efforts are made to connect clients to other, needed, supports. The EVP provider has reported that referrals to specialist and other services are central to the service model.

Some clients in the qualitative sample had benefited from referrals to other services and sources of funding, including *No Interest Loan Scheme* (NILS) loans and financial counsellors who could help them access grants, arrange payment plans and waive debts. EVP case workers also supported clients who were homeless or living in temporary accommodation with referrals to housing services and advocacy services.

Most clients in the qualitative research could not recall being offered additional supports. In the most recent qualitative interviews undertaken in April 2023, a number of clients reported asking for, and not being provided with referrals. Aboriginal and Torres Strait Islander clients reported that they were typically not offered culturally appropriate referrals<sup>16</sup>, and EVP provider staff did not report making these.

EVP case workers pointed out the difficulties in making referrals where many services have long waitlists or do not have capacity to take on new clients. Whilst these are well known, the EVP has further shone a light on waitlists for mental health, specialist women's safety sector and housing services. Where case workers were working with clients living outside their area, they could spend a great deal of time researching suitable local services for their clients. This signals that more training and resource development for staff is required.

As part of the service reset, the evaluation requested that the EVP provider collect data on what referrals are made. There was no administrative data available on referrals to external supports from the EVP at the time of writing this report. We suggest that the EVP collect and report on this information for the remainder of the trial.

## Referral service access

As mentioned above, lack of consultation and engagement with the women's safety sector and other services in the establishment of the EVP, and poor initial service experiences for referral agencies led to less than optimal relationships and low referral rates. Whilst relationships and access for referral services have improved, there is also a need to continue to build awareness and trust for the EVP provider's ability to undertake trauma informed practice. In addition, ensuring that services outside the specialist women's safety sector (such as child and family services) know about the EVP will help increase awareness.

The issue of referral service access has highlighted the need for government to properly consult with the

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<sup>15</sup>Stakeholders also mentioned the potential safety risk of clients being coerced by an abusive partner to have funding transferred into the abusive partner's bank account.

<sup>16</sup>15 of the qualitative interviewees identified as Aboriginal and/or Torres Strait Islander. Examples of culturally specific services include social and emotional wellbeing or other culturally specific healing services. It is not clear based whether culturally specific supports were available in each setting.

existing service sector in the design and establishment of new programs, especially where this involves structural change such as a new system entry point.

## 2. How efficient was the delivery of the EVP?



This section addressed the following evaluation questions:

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



Key findings:

- Efficient delivery of the EVP has been impacted by the lack of an establishment phase and the high numbers of people who have self-referred.
- In addition, as a trial, the EVP has seen a shifting service model; with different approaches to delivering payment and case work program elements over time.
- The department and EVP provider are working closely together to address the issues. This has been reflected in improvements to timeframes and streamlined access to payments, client choice and referral agency access.



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

- The EVP provider will undertake continuous improvement activities with respect to systems and policies. The effect of these on program efficiency and effectiveness should be monitored.
- In designing any future programs, the extent to which a single program or provider can efficiently offer a tailored case work and payment service should be considered.

### Was the trial implemented as planned?

The EVP experienced significant challenges in implementation given:

- the early announcement of the program resulted in immediate demand and did not allow the EVP provider to undertake an establishment phase
- clients mainly self-referred, and hence more case work support than had been anticipated was required.<sup>17</sup>

These circumstances (and subsequent inefficiencies in service delivery) as well as departures from the design principles (strengths-based, trauma informed) limited the extent to which the EVP provided timely, quality outcomes for clients, and engaged effectively with the broader service sector.

The department and EVP provider are working closely together to address the issues, which has seen improvements to timeliness of service delivery, streamlined access to payments, the extent to which clients have choice, as well as referral agency access.

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<sup>17</sup>A number of design assumptions were found not to be true in the operation of the trial. It was originally anticipated that the EVP provider would largely be responsible for payments and referrals, with case work support supplied by other services.

The trial has also been characterised by a shifting service delivery model. Reflecting the high numbers of self-referred clients, the original service model evolved to include a full case work service. This had time and cost implications. From early 2023, to help reduce wait times and support service sustainability, the model has shifted into a tiered case work service based on client need. More intensive case work support is provided to clients with more complex circumstances, with more light touch streamlined support options for those who require less support. The department considers that the shift in models demonstrates the advantages of a trial approach, where innovation and iteration of service delivery is possible.

## Start up, reflection and pivot to maturity

The EVP was announced on 17 October 2021 and commenced operations on 19 October 2021. The department reports that this was with the aim of making the payment available without delay. There was not an opportunity for an establishment phase or any consultation period with the women's safety sector. This has had a significant and ongoing impact on the EVP provider's ability to appropriately deliver services.

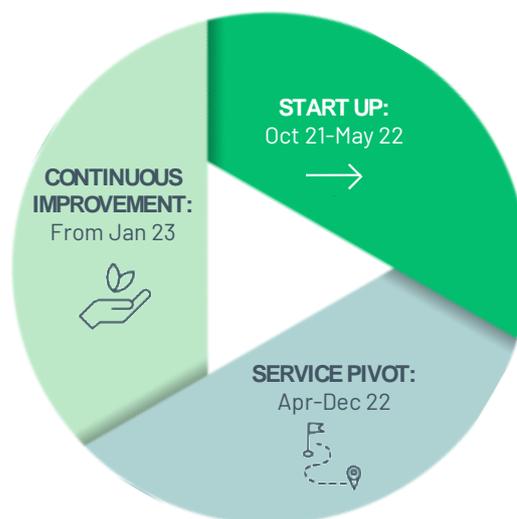
The announcement created immediate demand and resulted in large volumes of enquiries before the EVP provider was able to recruit and train staff or develop full protocols, processes and system infrastructure. Combined with the higher than anticipated numbers of clients who self-referred and who required more support than initially planned for, this made for delays in responding to enquiries and long wait times to access the EVP. This, in turn, resulted in poor client experiences, negative media coverage and criticism from the women's safety sector.

The provider was slow to move out of the start up phase, which essentially lasted until mid-2022. This meant that the EVP infrastructure and processes (such as the enquiry form and payment options) and staffing and administrative arrangements evolved as the program was being delivered.

In the early days of the program, operational changes were made to align implementation more closely with program design and client needs, including:

- clarification that the \$5,000 was to be paid entirely to clients – and could not be accessed by the EVP provider for service delivery costs
- an adjustment to allow cash to be offered
- introduction of a reimbursement model, where clients could receive reimbursement if they had purchased items while going through the process
- clients being able to access the cash component upon eligibility confirmation but prior to case work
- clarification that clients didn't need to have experienced a violent incident within the 12 weeks prior to applying.

Feedback from the EVP provider suggests that meeting very high initial demand for the EVP and at the same time trying to establish the program was overwhelming. It was not until around May 2022 that it was able to pause and comprehensively reflect on strategies to improve operationalisation of the program, including reducing waiting periods and improving service quality. This effort was supported by higher than usual departmental engagement and additional resourcing. From late 2022, the EVP provider has been



undertaking a service reset. This has included short-term solutions, such as putting in place a surge workforce to address processing delays. In addition, the service delivery model has been reviewed (reducing provision of high touch case work) and the EVP provider has undertaken operational improvements. This has included developing a national client database and IT stack, national operational guidelines and a training program. The intention is that the trial will continue to be responsive to emerging need and issues throughout its extension to 2024, whilst maintaining a nationally consistent approach to service delivery. Senior EVP provider leaders from across Australia are now involved in national working groups addressing continuous improvement and will continue to be until the end of the trial.

As mentioned above, the risk of this efficiency drive is that it undermines what makes the EVP model effective – the ability to provide flexible case work support depending on client needs.

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

There are a number of ways in which the implementation of the EVP has been inefficient. This includes timeframes for accessing the EVP, service delivery infrastructure and coordination, and cost-effectiveness. This can be attributed to a lack of an establishment phase and the unexpectedly high number of people who have self-referred into the program, as well as a shifting service delivery model.

### Service delivery infrastructure and coordination

#### National coordination

Coordination across the EVP provider network was not initially strong and has been a focus for operational improvement. The EVP provider reports that their new national coordination model developed as part of the service reset, characterised by communities of practice, and a collaborative culture that maximises the value of the knowledge and experience held across the network, will be important to achieving future service delivery efficiencies. A key learning for the department has been the need to contract for provider operational capability, as well as subject matter expertise, and mechanisms to ensure efficiencies through a nationally consistent approach that avoids duplication of service infrastructure and provides equity of access.

#### Systems

The EVP was the first time that the EVP provider network members had delivered a joint national program. This meant that working relationships and joint infrastructure needed to be established. The rapid start up of the EVP saw a duplication of infrastructure across the provider network, with each network member essentially establishing its own delivery infrastructure. The current reset has involved the development of a national central intake model and client database, associated SharePoint system and 8x8 business phone system. A number of efficiencies are expected to flow from this. This experience has suggested that if the department is to continue to outsource national payment delivery, then externalities associated with coordination and systems development should be explicitly considered as part of the costing package.

#### Operational guidelines and staff induction, training and coaching

Over time, variations in how the EVP has been implemented have meant that clients may have had very different experiences with the program depending on their location. Some variation in practice reflects valuable local relationships. This includes EVP provider connections with referring agencies or goods/services providers. EVP provider staff have reported that lack of national coordination and clarity about the operational rules have sometimes left them lacking in confidence and needing to double check decisions. Staff could default into inflexibility, such as interpreting examples of how to operationalise policy as the limits of what they can do, with subsequent impacts on eligibility assessment and client

choice. Inconsistencies in what is required of referring agencies also caused confusion with the domestic and family violence services sector, particularly in South Australia where agencies may be interacting with more than one EVP provider.

A number of different initiatives have now been undertaken to improve national consistency for the EVP. This includes the introduction of a national service manual and training from June 2022, which has helped to begin to align practices across the EVP network. The new centralised central intake and database system is expected to further align practice.

### **Resource sharing**

At present there is little resource sharing between jurisdictions, which can create bottlenecks (as can be seen in the January 2023 application processing times). Given the unpredictable nature of the need for case work, and low FTE for some EVP provider network members (as little as 1 FTE), it appears that there is an opportunity to consider if a more centralised approach to resourcing would help ensure consistency and reduce wait times. A focus on improvement for the EVP provider, supported by the introduction of a national customer database, will be better using national workforce capability to meet timeframes, rather than relying solely on the workforce based in each jurisdiction to meet the ebbs and flows in demand in that jurisdiction.

### **Data quality**

There has been considerable variability in how data is collected across the EVP sites. This includes client information (such as demographic information), case information (such as key dates or outgoing referrals) and assistance information (such as session data or assistance classifications). Data quality issues have derived from:

- different processes for different jurisdictions, including multiple collection and storage points
- the lack of a central client management system from commencement of the program
- quantity of the data required for reporting (currently sitting at 90 data points)
- changes to data requirements by the department and the coordinating EVP provider
- lack of clarity about how data points are defined, including amongst on-ground staff entering data
- multiple opportunities for human error (manual data entry and re-entry)
- lack of data quality checks and controls.

The EVP provider has undertaken a data cleaning project for greater confidence in administrative data. The new national client database and centralised intake model will also help to improve data quality.

### **Cost-effectiveness**

In the 2021-22 Budget the Australian Government provided \$144.8 million between 2021-22 and 2022-23 to support up to 23,000 people to access financial support when leaving violent relationships. In the 2022-23 Budget the government provided a further \$40 million for the 2021-22 financial year, \$38.6 million for the 2022-23 financial year and an additional \$240 million to extend the EVP for a further 3 years until 30 June 2026. The original funding bid assumed up to \$120 million would be spent on payments in financial years 2021-23, allowing for \$24.8 million or approximately 17% of program funds to be spent on non-package costs including establishment, service delivery and organisational overheads. This assumed that a minority of clients would be receiving case work support from referring agencies. At end 2021-22, a revised budget was submitted projecting 32% of program expenditure for administrative costs in 2021-22. A significant proportion of this was allocated to increased service delivery staffing, reflecting the higher than anticipated number of self-referring clients requiring case work support.

Delivery of the EVP raises a question about whether any single provider can efficiently deliver a tailored case work service such as the EVP. Because of the shifting EVP service model, this evaluation has not been able to determine costs associated with particular service aspects (establishment vs ongoing

running costs), or assess costs associated with particular tiers of case work. As the EVP model settles in the final year of the trial, we suggest government further assess the financial viability of the outsourced model, and whether the different tiers of case work support offered by the EVP are best delivered by one entity or through separate service streams.

### 3. How appropriate was the EVP model in supporting outcomes?



This section addresses the following evaluation questions:

- Were the assumptions underpinning the EVP design realised?
- How effective was the service model?
- What are the considerations for future program design?



**Key findings:**

- The EVP trial has worked well to test assumptions about demand for financial support and the need for alternative service access pathways.
- Findings demonstrate that a brokerage payment from a national provider can be highly effective where people can access digital application processes relatively independently and cannot or choose not to access other case work services. The model is less effective for people with more complex service needs or those who do not align with the eligibility criteria.



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

- Current trial: Monitoring the service model now it is defined, timeframes, access to all payment options (cash and goods and services) and equitable promotion of the EVP.
- Considerations for any future program: Adjusting eligibility criteria, considering how to manage demand and the requirement for case work, as well as provider type and duplication/integration in the service system.

### Were the assumptions underpinning the EVP design realised?

A number of assumptions were tested through the trial:

- additional financial support is required to support people leaving violent relationships
- the majority of EVP clients would be referred from frontline services and case work would substantially be managed through these other services
- the EVP would be best delivered through an additional access point in the existing service system
- the EVP timeframes for eligibility and delivery are appropriate
- the payment amount and composition of the EVP was appropriate
- the other eligibility criteria are appropriate
- the EVP would not be a crisis payment.

## **Assumption: Additional financial support is required to support people leaving violent relationships**

High and sustained demand for the EVP and the responsiveness of demand to program promotion demonstrate the need for additional financial assistance to support people making choices about leaving violent relationships.

There is strong agreement in the literature and amongst stakeholders about the extent to which finances are a barrier to leaving domestic and family violence relationships and to making decisions about safety. This was also emphasised in *The National Plan to End Violence against Women and Children 2022-2032*. Reflecting this, in the primary research EVP clients described instances where they:

- were left homeless and financially insecure or indebted after leaving violent relationships
- didn't leave violent relationships because the only option they could afford (such as a refuge) seemed like a worse option
- returned to violent relationships because they were unable to find a stable or affordable alternative home.

The evaluation has found that funds provided through the EVP are a highly valued addition to the service system. EVP clients emphasised how helpful they found the support and the need for others to be resourced as they had been. Whilst stakeholders and referral services have been critical of delivery arrangements, they too note the positive impact of additional funding. To illustrate, 91% of surveyed frontline workers said that the EVP was mostly or entirely relevant to their clients, with only 1% saying that the service was not at all relevant.

## **Assumption: The majority of EVP clients would be referred from frontline services and case work would substantially be managed through these other services**

The EVP provider's original resourcing plans were based on the assumption that case work would largely be provided by existing services. This assumption did not bear out, with an average of 80% of clients being self-referred. This does not always mean that people aren't accessing other services – 30% of people in the client survey who self-referred were also receiving support from another service, including women's safety services as well as a variety of other community services.

## **Assumption: The EVP would be best delivered through an additional access point in the existing service system**

The higher than anticipated number of self-referrals to the EVP and feedback from clients in the primary research suggest that the EVP is reaching a new demographic to that being serviced by the existing service sector.

Some clients in the qualitative study self-referred because of previous poor experiences of specialist domestic and family violence services and were accessing the EVP in preference to these. For instance, we spoke with clients whose concerns about involvement with child protection meant that they would avoid specialist services with obvious connections to state government child and family services.

Stakeholders further noted that lack of resourcing means that specialist services are largely limited to what they called 'the pointy end of crisis', suggesting that there are people experiencing violence and in need of support who don't meet the risk criteria that would enable them to access specialist services.

Other clients consulted in the primary research had no sense of the existing women's safety sector and what it offers or didn't think it was relevant to them (especially if the violence they experienced had not been physical). They were accessing the EVP because this was the only option they knew about. It appears

that the practical support offered the EVP makes it a particularly appropriate service system entry point for those who don't know much about what is available to them.

These findings suggest that there is value in an additional access point in the existing service system. However, it is not conclusive that the needs being met by the EVP couldn't be met by other providers if they were better resourced and promoted. Demand for the EVP over time has suggested that help-seeking for domestic and family violence is likely to respond to promotion, and regardless of which system entry point this reflects.

Discussions with stakeholders suggest that different service system entry points are likely to have strengths and weaknesses. To illustrate:

- At least one stakeholder argued that because Services Australia can quickly distribute payments, it should be considered as a provider, as when clients are in crisis, similar timeframes to the government's Emergency Relief Payment should be applied. Services Australia might meet the needs of those with few support needs, however, it doesn't offer the flexibility to provide more support for those who require a more holistic or ongoing service, and can be more difficult to access for people who aren't citizens or permanent residents or don't already have a Services Australia Customer Reference Number.
- Domestic and family violence services have also argued that only specialist trained staff, as provided by their services, should be able to deliver payments such as the EVP. Some service issues appear to arise from a perceived lack of understanding of domestic and family violence amongst current EVP provider staff. This does not remove or negate the need for a separate entry point for people who can't or do not want to be enrolled with specialist providers. In addition, because specialist family violence services are run at the state and territory level, it becomes difficult to deliver a nationally consistent payment via these services.

This evaluation has suggested that each option for providing payments such as the EVP has strengths and weaknesses. Below we include an analysis of the strengths and weaknesses of key access points that are an option for providing brokerage. We note that this analysis does not include Aboriginal and Torres Strait Islander community controlled organisations, as this will be further explored through the EVP placed-based trial being delivered in Cairns.

	Strengths	Weaknesses
<b>Services Australia</b>	<ul style="list-style-type: none"> <li>• National access/equity</li> <li>• Existing service access point for about 70% of clients</li> <li>• Timely payment (estimated at about 2 weeks from application)</li> <li>• Efficiencies through providing as part of existing service system</li> <li>• Neutral – not associated with a particular religion or culture</li> </ul>	<ul style="list-style-type: none"> <li>• Less accessible for those who don't have a Customer Reference Number or receive income support</li> <li>• Social work staff numbers likely not sufficient to the scale of the EVP</li> <li>• Can't encompass longer-term case work (e.g. beyond initial session)</li> <li>• May not offer sufficient cultural safety</li> </ul>
<b>Women's safety sector</b>	<ul style="list-style-type: none"> <li>• Specialist staff to support safety and healing</li> <li>• Holistic service delivery</li> <li>• Connected to other local services</li> <li>• Efficiencies through providing as part of existing service system</li> <li>• Neutral – not associated with a particular religion</li> </ul>	<ul style="list-style-type: none"> <li>• Sector already under resourced</li> <li>• Equitable access to the EVP cannot be guaranteed nationally (e.g. will be shaped through decisions made at the jurisdictional level)</li> <li>• Not all people can/will access specialist services</li> <li>• Lack of ability to gain efficiencies for delivery – multiple organisations doing</li> </ul>

		<p>same operations but no efficiencies from this</p> <ul style="list-style-type: none"> <li>• May not offer sufficient cultural safety</li> </ul>
<b>National provider (as per trial)</b>	<ul style="list-style-type: none"> <li>• Suitable for clients who can't or won't access the above services</li> <li>• National access/equity via consistent service delivery</li> <li>• Able to offer triage and tiered case work model through one provider</li> <li>• Ability to build on current systems and experience</li> </ul>	<ul style="list-style-type: none"> <li>• Resources required to establish a new national service</li> <li>• Inefficiencies due to lack of alignment with other services</li> <li>• Inefficiencies in a national service attempting referrals</li> <li>• Non-specialist staff may need additional support for safety/healing</li> <li>• May not offer sufficient cultural safety</li> </ul>

In addition, there are inefficiencies in having the EVP provider *and* other referral services involved in meeting client case work needs. Ways to further streamline this relationship, such as introduction of a service portal or accreditation system (e.g. where services register to deliver the EVP on the provider's behalf) could be considered.

**Assumption: The EVP timeframes for eligibility and delivery are appropriate**

**12-week timeframe for leaving a violent relationship**

Clients, referral services and stakeholders argued that limiting access to the EVP to 12 weeks following a change of circumstance does not reflect the realities of leaving a violent relationship. Where people are in overwhelm, navigating multiple service systems or facing homelessness, 12 weeks can go by very quickly. The consensus was that this timeframe should really be 6 months.

In addition, some argued that limiting funding to people who have left or intend to leave a violent relationship does not reflect a strength-based approach to victim-survivors determining their own risk and safety. They argued that the payment should also be available to people who intend to manage their safety whilst staying in a relationship.

**12-week timeframe for delivering case work**

The 12-week timeframe for case work was designed to ensure that the EVP is not considered taxable income. It appears the 12-week timeframe for case work is not long enough for many clients. For some, this was about emotional stabilisation, and the time that it can take to reach the point where they are able to make decisions on how to spend their EVP goods and services component. Purchasing household items may be of little value to those who don't yet have a place to live. In some cases, the 12-week timeframe for purchasing goods and services led to rushed or inappropriate decision-making. For example, one client was encouraged to use the EVP to purchase furniture and whitegoods but has not been able to find a suitable place for her and her children to live. She is currently 'couch surfing' and is using a significant proportion of her Centrelink payments to pay for storage of the goods purchased through the EVP. Some clients have had the 12-week timeframe lapse before being able to allocate the remaining \$3,500 and are no longer able to access it despite having been deemed eligible.

To support extension of the 12-week timeframe, any future iteration of the EVP will need to be listed as a program exempt from tax in legislation.

**Assumption: The other eligibility criteria are appropriate**

Stakeholders uniformly argued that there aren't good reasons - apart from resource scarcity - for excluding people who have experienced forms of domestic and family violence other than intimate partner

violence, on the basis of visa/citizenship status, or those who had left a violent relationship more than 12 weeks ago. The EVP's current settings with respect to age and financial stress are believed to be appropriate.

### **Definition of domestic and family violence**

Whilst intimate partner violence is a significant form of domestic and family violence, limiting access to the EVP to people with this experience excludes people experiencing elder abuse (reflecting that most abuse is intergenerational), and Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities (who are likely to face violence from other family and community members as well intimate partners).<sup>18</sup>

### **Excluding people on the basis of visa/citizenship**

The vulnerability of people on temporary visas (and their lack of access to other supports including Centrelink payments and Medicare), and of New Zealand citizens without appropriate visa rights, and the importance of equitable access to domestic and family violence supports was highlighted by stakeholders. Whilst temporary visa holders were not included in the EVP trial because they were already supported by the Temporary Visa Holders Experiencing Violence Pilot, the lower payment for this program was not believed to be equitable.

### **Age**

The options of expanding eligibility to provide the EVP to children and young people would be complicated because of child protection regimes and difficulties involved in children setting up independent homes of their own. A more tailored program with additional supports for young people would be more appropriate.

### **Financial stress**

The EVP's use of a nuanced financial stress measure, which takes into account coercive and financial control, is believed to be appropriate.

## **Assumption: The amount and composition of the EVP is appropriate**

The up to \$5,000 the EVP provides aligns with many packages offered by state and territory governments. The value of the EVP also lies in the flexibility it offers, as other programs can be more restricted in what they will fund. As mentioned above, there can be arguments for more flexibility and choice into the composition of the EVP, with the up to \$5,000 provided as a single cash payment or as a highly flexible voucher or prepaid card for goods and services.

The economic context for the program has shifted. Over the 12 months to the March 2023 quarter, the Australian Bureau of Statistics calculates that CPI rose 7%.<sup>19</sup> In contrast, the EVP has remained flat at \$5,000. Some clients and stakeholders have argued that a second \$5,000 should be available within 6 months given the current cost of living and ongoing financial impacts of leaving a violent relationship. This reflects the ACTU estimation that the true cost of leaving a violent relationship is closer to \$18,000 and the National Alliance for Women's Safety request for the EVP to be increased to \$10,000.<sup>20</sup>

Similar funding packages (cash and/or brokerage) are on offer in Victoria, New South Wales and Queensland and, to a lesser extent, in Tasmania and the Northern Territory. The Queensland payment is for

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<sup>18</sup>Kaspiew, R, Carson, R and Rhoades, H 2016. *Elder abuse in Australia*. Viewed on 1 June 2023 at [Elder abuse | Australian Institute of Family Studies \(aifs.gov.au\)](#); AIHW 2018. *Family, domestic and sexual violence in Australia 2018*. Viewed on 1 June 2023 at [aihw-fdv-2.pdf.aspx](#); Roberts D and Bonar, M 2006. *A review of literature relating to family and domestic violence in culturally and linguistically diverse communities in Australia*. Viewed on 1 June 2023 at <https://anrows.intersearch.com.au/anrowsjspui/handle/1/19255>

<sup>19</sup>See: [www.abs.gov.au/statistics/economy/price-indexes-and-inflation/consumer-price-index-australia/sep-2021#:~:text=Key%20statistics%20The%20Consumer%20Price%20Index%20%28CPI%29,purchase%20by%20owner-occupiers%20%28%2B3.3%25%29%20and%20Automotive%20fuel%20%28%2B7.1%25%29](http://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/consumer-price-index-australia/sep-2021#:~:text=Key%20statistics%20The%20Consumer%20Price%20Index%20%28CPI%29,purchase%20by%20owner-occupiers%20%28%2B3.3%25%29%20and%20Automotive%20fuel%20%28%2B7.1%25%29). Accessed on 30 June 2023.  
<sup>20</sup>See: <https://nwsa.org.au/wp-content/uploads/NWSA-Federal-Election-Policy-Statement-May-2022.pdf>; [www.actu.org.au/our-work/policies-publications-submissions/2020/inquiry-into-family-domestic-and-sexual-violence](http://www.actu.org.au/our-work/policies-publications-submissions/2020/inquiry-into-family-domestic-and-sexual-violence), accessed December 2022

victims of crime, and not specifically for people with experience of family violence. In some instances, clients in these jurisdictions will access both the EVP and other packages, meaning that the overall funding amount that they receive can be closer to \$15,000 (still below the \$18,000 recommended by the ACTU). In South Australia, alternative funding is scarce. This disparate circumstance shows the difficulty of adjusting the EVP nationally.

Qualitative client feedback suggests that the utility of the EVP has been lessened by the rising cost of living. The EVP helps people address immediate financial needs and can be more than some need. As the significant proportion of funds spent on travel and accommodation suggests, others don't have the opportunity to spend some or all the payment on establishing a new *home*. The unmet support needs described by surveyed EVP clients suggest a need for substantial investment in healing. There is an opportunity to consider whether more funds can be made immediately available to those leaving violent relationships as well as to support ongoing healing.

### **Assumption: The EVP should not be a crisis payment**

The EVP was not designed as a crisis payment (i.e. immediately available within hours of leaving a violent relationship) given the service would not be 24/7 and wouldn't have the capacity to do crisis safety planning or emergency responses. The eligibility criteria means that people may well be in crisis when they apply.

A key assumption underpinning the EVP is that 'the model is appropriate to the needs of people leaving violent relationships'. This is complicated because:

- victim-survivor service needs can be different before, during and after leaving – in crisis and in early healing
- people respond differently to the stages of a violent relationship and healing is not linear – which means that service delivery needs to be tailored to each individual
- some design elements become much more critical in crisis, such as safety planning and timeliness.

Because of lack of service system resources, and the value put on flexible delivery, it is difficult to determine when the EVP should be offered in the service continuum (that is, in response or healing). This is particularly the case given gaps in the service system depending on client demographics and location. For example, people in crisis in remote areas can have very little opportunity for safe accommodation compared with those in metropolitan areas. People living in remote areas can also have a higher requirement for transport assistance. People without children, who own pets or who use drugs or alcohol can also have very little access to temporary accommodation. Others can have good access to formal or informal accommodation, and their deepest need is for funds to establish a home. Given variable needs, providing the greatest choice possible to victim-survivors is advised.

## **How effective was the service model?**

The EVP trial has suggested that a brokerage payment from a standalone provider can be highly effective if the option of flexible trauma informed case work is provided and for those who:

- can access digital application processes relatively independently
- cannot or choose not to access other case work services.

The key design components that have facilitated effective service delivery include:

- additional funds
- an alternative service system access point
- a tiered model of case work.

These appear to be highly replicable.

The tangible benefits achieved by EVP, including satisfying immediate material needs associated with

leaving a violent relationship, would likely be derived by making a payment through a number of channels (including Services Australia and specialist women's safety sector services). Having said this, a flexible, national access point adds value for those who can't or don't want to access the EVP through other community services. Whilst intangible benefits might be derived for some through a neutral payment provider, others will need wraparound support, meaning the current Services Australia delivery system would not be fit for purpose.

In addition, the evidence gathered through the trial suggests that the EVP model is less effective for people:

- who require more holistic and longer-term supports
- who require more accessible or culturally safe supports
- who are already accessing multiple service touchpoints
- who experience a form of violence other than intimate partner violence
- whose leaving and healing needs do not align with the EVP timeframes.

This suggests that future iterations of the EVP should consider further integration with, and referral to, the existing service system where this might better meet people's needs.

There are a number of external factors that impact on the EVP's effectiveness. Whilst most of these are outside the government and program's scope of control, it is worth keeping these in mind for future policy and program planning. They are:

- inflation/rising cost of living as a barrier to the EVP meeting needs
- lack of housing as a key barrier to fully utilising the value of the EVP and establishing homes independently
- where there is fear that people who use violence might return or find out the location of their partner and family, reducing clients' sense of physical and emotional safety
- lack of resourcing and a framework to support healing
- joint custody arrangements and the child support system can mean that EVP clients remain in contact with perpetrators (and may continue to be controlled by them) long after the relationship has ended.<sup>21</sup>

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<sup>21</sup>For example: Not all people who had accessed the EVP had access to other supports that would aid healing; People whose lives had undergone major upheaval noted that loneliness and lack of connection could be their biggest challenges – it is worth considering how to meet these needs that are long-term determinants for resilience and wellbeing; Some clients were putting unwanted pressure on themselves to recover quickly – they could be shocked that 6 months after leaving they didn't really feel like they have found themselves again; A few stakeholders (such as financial counselling services) suggested that where women are receiving income support payments, these are increased for 6-9 months following leaving a violent relationship to provide a further buffer against returning due to poverty.

# Conclusion

## Was the EVP effective, efficient and appropriate?

The evaluation has tested the effectiveness, efficiency and appropriateness of the EVP. It has found the trial to be highly effective (although not for all populations), that the delivery of the EVP has been initially inefficient and then improving with respect to timeframes for access and streamlined payments, service delivery infrastructure and coordination, and that the model is appropriate for those who are able to access the online application with little support, and who cannot or choose not to access other services.

### Effectiveness

#### What support has the EVP provided?

At 31 May 2023, the EVP had supported almost 19,000 people to make choices about leaving violent relationships, and provided over \$89 million in support. An analysis of unit record data shows that clients accessed almost equal proportions of cash payments : good and services, and that the average payment was \$4,224. To date, patterns of access to cash and goods and services payments have not been nationally consistent, and can depend on the service arrangements established in each state and territory.

#### The trial has been characterised by self-referral

The extent to which people have self-referred into the EVP has been a key learning for the trial. The qualitative interviews suggested that whilst some clients who self-referred would have preferred to access the EVP via their existing support services (via streamlined relationships of trust), a new service access point was valuable for others, because they did not want to, or could not, access other supports.

#### The EVP is highly effective in supporting people to make choices about leaving violent relationships

Clients consulted in the evaluation research reported that the EVP is highly effective in supporting them to have and make choices when leaving violent relationships. The evaluation tested whether the EVP has provided clients with more options for safety planning, and whether clients report a reduction in financial stress, and an overall improvement in their sense of physical, cognitive or emotional safety. Evaluation findings suggest that the EVP is achieving against all of these measures. To illustrate, of the EVP clients surveyed for the evaluation, 92% agreed that 'the payment helped relieve financial stress', 51% that 'without the payment I could not have left the relationship', and 32% that 'without the payment I would have returned to the relationship'.

#### Factors supporting effectiveness

A number of factors have been identified as critical to the effectiveness of the EVP. This includes timely access to payments and a streamlined payments system that means people can secure the EVP when they need it, an accessible application process, and an eligibility assessment process that successfully balances fraud control with the realities of what documents people might have access to. Flexible case work and referrals to appropriate supports outside the EVP recognises that clients have different preferences with respect to the level of support they require to access the EVP payment and for ongoing healing. Positive relationships between the EVP provider and women's safety sector are also important in ensuring that people engaged in the broader service system have good access to the EVP.

#### Opportunities to support more equitable access to the EVP

The data shows that women have been the primary cohort receiving support (89% of EVP clients), and that Aboriginal and Torres Strait Islander peoples are accessing the EVP at high rates (28% of EVP clients). People from culturally and linguistically diverse communities, people with disability and older Australians are under-represented in the data, suggesting that further work is required to promote the service and

ensure that the service is accessible to people from these populations. This promotion will need to take into account that demand will likely be very responsive to any publicity, and supporting safety for victim-survivors.

### **Satisfaction with experience of the EVP**

Experiences of accessing the EVP have changed over time in line with service improvements by the provider. Until early 2023 clients and referral agencies reported long wait times, confusion over what the EVP offered, and an administratively cumbersome process. The qualitative interview findings, and survey and administrative data, suggest that the experience of accessing the EVP has improved for aspects such as timely and streamlined access to payments and client choice. Evaluation findings suggests there is scope for further improvement in areas such as the accessibility and inclusivity of the application and assessment process, and case worker support according to need, including with respect to making referrals to other services.

## **Efficiency**

### **The implementation of the EVP has been characterised by challenges**

The early implementation of the EVP was characterised by significant challenges. The provider was required to launch service delivery before they could undertake an establishment phase. The program design also did not account for, and hence the provider was not resourced to meet the needs of, the high numbers of clients who self-referred into the program. The evolving service model also affected the provider's ability to undertake efficient and effective delivery of the payment.

The impacts of these circumstances included delays to timeframes for clients accessing the payment as well as quality of service delivery. The department and EVP provider have been working closely together to address the issues through additional resourcing and operational changes, with a focus on national consistency. In addition, the model has been reviewed (reducing the intensity of case work support provided) and the EVP provider has undertaken operational improvements. This has included developing a national client database and IT stack, national operational guidelines and training program. The intention is that the trial will continue to be responsive to emerging need and issues throughout its extension to January 2025, whilst maintaining a nationally consistent approach to service delivery. Senior EVP provider leaders from across Australia are now involved in national working groups addressing continuous improvement and will be until the end of the trial.

## **Appropriateness**

### **The payment model trialled through the EVP – provision of additional financial support delivered by an additional point in the service system – has proven effective in supporting people to make choices about leaving violent relationships**

This evaluation has shown that the EVP trial has worked well to test assumptions about demand for financial support and the need for alternative service access pathways. Findings demonstrate that a brokerage payment from a national provider can be highly effective where people can access digital application processes relatively independently and cannot or choose not to access other case work services.

The design components that have supported program effectiveness are additional funds, an alternative service system access point and a tiered model of case work.

The service model is less effective for people:

- who require more holistic and longer-term supports
- who require more accessible or culturally safe supports
- who are already accessing multiple service touchpoints

- who experience a form of violence other than intimate partner violence
- whose leaving and healing needs do not align with the EVP timeframes.

Future considerations for the model include extending eligibility criteria to reflect equity for temporary visa holders and experience of other types of violence, and that CPI increases and healing needs mean that more funds will be helpful for many, that the composition and delivery of the payment should prioritise client choice and agency and the timeframes for access and case work reflect the highly varied circumstances in which people leave violent relationships.