# Program Specifications

## Integrated Domestic and Family Violence Services (IDFVS)

March 2025

www.dcj.nsw.gov.au

NSW GOVERNMENT

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# Our commitment to Aboriginal people, the traditional owners and custodians of Country

We acknowledge Aboriginal people as the First Nations Peoples of NSW and pay our respects to Elders past and present.

We acknowledge the Stolen Generations, including Aboriginal children, young people and families currently affected by the statutory child protection system.

We acknowledge the needless suffering and trauma inflicted on Aboriginal children, young people and families through colonisation and forced assimilation.

We acknowledge that this trauma continues to affect Aboriginal people today and that Aboriginal children and victim-survivors continue to be disproportionally affected by statutory intervention. We undertake to shape our practices accordingly using the expertise and knowledge of Aboriginal families, communities and Elders.

All IDFVS program providers funded by the NSW Department of Communities and Justice (DCJ) must be committed to delivering culturally safe services for Aboriginal victim-survivors, driven by the principle of Aboriginal self-determination, and working with families and communities to keep families safely together and strong.

We extend this acknowledgment to all Aboriginal and Torres Strait Islander peoples that are employed within DFSV sector and recognise the unique and vital contributions they provide in keeping Aboriginal people and communities safe.

# Note on Terminology

The term Aboriginal in the program specifications refers to both Aboriginal and Torres Strait Islander peoples. It is used to refer to the numerous nations, language groups and clans in NSW. The IDFVS program supports victims and survivors from diverse Aboriginal and Torres Strait Islander communities and backgrounds across NSW.

The term family captures all different types of family and kinship groups. We acknowledge that family compositions are unique and encompass many cultural factors such as Aboriginal kinship structures.

Victim-survivor is a person who has experienced domestic, family or sexual violence. This term is used to acknowledge the strength, resilience, and resistance shown by people who have experienced or are currently living with violence. It is recognised that people who have experienced violence and / or control have different preferences about how they would like to be identified and may choose to use victim-survivor or survivor separately or use another term altogether.

Throughout this document, the term ‘female victim-survivor' is used. However, DCJ and IDFVS acknowledge diverse gender identities and experiences and offer specialist DFV support to people who identify as female.

The term ‘person using violence’ is primarily used to describe individuals who have perpetrated physical, sexual, emotional, psychological and/or economic abuse, as well as coercion and control within an intimate or family relationship. Many communities prefer this to the term perpetrator, and it is in common use in different practice settings.

The term perpetrator is also used at times in this document, where this is the term used in a specific process or by an agency whose process is being referenced. It is important to be guided by the language used by the victim-survivor you are working with.

## Acknowledgement of victim-survivors

The Department of Communities and Justice honours the experiences, strength and courage of all victim-survivors of domestic and family violence. It is recognised that responses to domestic and family violence need to be informed by the voices and lived experience of victim-survivors, and acknowledge those who did not survive, along with the impact on their family and friends.

# 1. PROGRAM OVERVIEW

## 1.1 Purpose of Document

The Department of Communities and Justice (DCJ) commissions organisations to deliver the Integrated Domestic and Family Violence Service (IDFVS) program across New South Wales.

The aim of the IDFVS program is to improve outcomes for victim-survivors of domestic and family violence (DFV) through access to support services that are flexible and tailored to need.
The purpose of this document is to assist service providers to understand the broad parameters of the IDFVS program.

**Note:** Program Specifications may be amended or replaced from time to time by DCJ and Service Providers should comply with the current version of the Program Specifications.

## 1.2 Program overview

The IDFVS program is an integrated and coordinated response program that promotes flexible, local place based and client-focussed services to address domestic and family violence among high-risk priority groups. The program's central principle is that DFV is a multi-faceted and complex issue and there is no single solution or agency that can resolve it alone. The IDFVS program allows specialist Domestic and Family Violence (DFV) Services to consider the agency and service responses to DFV in their area and offer targeted support to victim-survivors, their families and person using violence. Based on known areas of need, the IDFVS program has some priority groups, outlined in 2.3.

The IDFVS program works with the female victim-survivors of DFV, including children and young people, and can also work with the person using violence, to the extent that this is compatible with the safety and wellbeing of victim-survivors and other family members. It works with those living through the abuse, and victim-survivors who have escaped the person using violence or control, as well as those who may be homeless. The time of separation from the person using violence and or control is understood as a time of very high risk for adult and child victim-survivors.

The core service provided through the IDFVS program is integrated case management. This is a response to family violence that goes beyond the coordination of policies, systems and information-sharing to the provision of case management services within a unified and multi- agency service structure. Case managers work with the victim-survivor to assess needs and risk by using the Domestic Violence Safety Assessment Tool (DVSAT), planning service delivery and monitoring the results by 'tracking' the client's progress. Case managers have access to 'brokerage' funds for purchase of services from other service providers, where necessary.

Identification of DFV usually occurs via Police, health services, child protection agencies, and support services such as family support programs. As an integrated model, the programs results are expected to extend into the criminal justice system, with Police and Women's Domestic Violence Court Advocacy Services key partners. It seeks to promote good practice principles to DFV services outside the program, as well as practices inclusive to diverse populations, including Aboriginal, LGBTIQA+ people, older women, people with a disability, people from diverse cultural, racial, religious and language backgrounds and criminalised victim-survivors.

Particular care should be taken to support Aboriginal victim-survivors and those from Culturally and Linguistically Diverse (CALD) backgrounds who approach the service. While it may sometimes be important to involve or refer on to a specialist Aboriginal or settlement service, IDFVS programs should also recognise the bravery and trust shown in approaching their service and not be too quick to refer these victim-survivors on. Agreements for working in partnership with specialist cultural services, whilst maintaining a role as a DFV specialist service, should be considered to prevent service loops occurring.

Child clients of IDFVS who receive direct services are considered as clients in their own right. Direct services to children are negotiated and agreed by the parent client of the service and can include liaison with school/childcare, providing safety planning and security equipment, referral to counselling/group work, advocacy regarding family law matters and brokerage funding (for example: school uniforms, speech therapy, specialist assessments).

## 1.3 Tailored to local need

The IDFVS Program, since its inception, has allowed for local and place-based provision, based on identified need, but within broader guidelines. This allows for flexible responses and is one of the most valued parts of the program, based on feedback from providers. Based on known areas of need, the IDFVS program has some priority groups, outlined in 2.3.

In 2018, the University of New South Wales published an evaluation of IDFVS. [2] Despite the diversity of the services, tailored to local need, the report identified seven areas of good practice that are common across the IDFVS sites. IDFVS programs:

- respond to and are shaped by their local contexts;
- work with family members and the person using violence (where there is expertise and it is safe);
- work with women and people who identify as women who remain in the DFV relationship;
- are client-driven and focussed on needs;
- are flexible in the duration and intensity of support;
- share information and risk assessments; and
- have flexible local partnerships that address specific local needs.

## 1.4 Service Delivery Values and Principles

The IDFVS program requires funded service to adopt and adhere to good practice values and principles in DFV response. These include a recognition of victim-survivors:

- **Rights** – All humans have the right to live free of violence
- **Safety** – with the safety of women and children paramount; children need both protection from harm and opportunities for development
- **Strengths – that domestic and family violence providers build on the existing strengths of women and children, recognise their agency and dignity and enhance their capacity for informed decision making**
- **Trauma – recognising the cumulative impacts of trauma, across generations**
- **Diversity** – providers recognise broad demographic base of domestic and family violence (DFV) and individuality of experiences

And that providers work to ensure uphold:

- **Responsibility** – that the person using violence is responsible for violence and should be held accountable; and that the community as a whole has responsibility for eradicating and preventing domestic and family violence.
- **Justice system response** – to be effective and swift, recognising the criminal basis of DFV and the importance of the service system working in partnership with justice agencies
- **Holistic approaches** – integrating criminal justice interventions and support interventions, understanding the dynamics of DFV and the cyclical nature that is common in many relationships where DFV is identified
- **Power imbalance** – that the gendered nature of DFV between those using violence (predominantly men) and those experiencing violence (predominantly women and children) to be recognised and addressed in responses
- **Access and equity** – the providers employ strategies to ensure access by the broad range of victims and provision of services in a fair and equitable manner
- **Client-centred delivery and support** – and facilitated access, including for children as victim-survivors in their own right
- **Advocacy** – that providers aim to advance individual rights of victims and act at a broader community level
- **Continual improvement** – including mechanisms for ongoing monitoring and review; seeking client input from victim-survivor's perspective

The IDFVS program will be culturally adaptive through the commissioning of services that:

- Empower Aboriginal families to lead decision making whilst maintaining connection to kin, community, country and culture.
- Actively share decision-making and choice about services and supports for Aboriginal people and communities.
- Consult with Aboriginal led agencies in their local area
- Recognise the significant role of culture as a protective factor for children and young people, their family and broader communities.

## 1.5 Practice Approaches and Challenges

The IDFVS program flexibility allows services to respond to the evidence base and new emerging research about best practice for responding to DFV. This research and best practice needs to be drawn from culturally, linguistically and ethnically diverse, migrant and refugee communities, and LGBTQIA+ communities, as well as from academic and grey literature e.g. government reports, statistics, dissertations and theses, conference papers, datasets.
A key feature of services funded through this program is integration. This is achieved by coordinating the work/contributions of different government agencies and non government organisations, including the Police, courts, child protection workers, women's refuges, men's education and behaviour change programs, health and other domestic violence support services.

Other key practice approaches include:

### Intersectionality

Intersectional approaches recognise that the experience of DFV can differ based on cultural, individual, historical, environmental, or structural factors such as race, age, geographic location, sexual orientation, ability or class. This approach also recognises that dynamics of oppression and inequalities can be increased by other forms of oppression and inequality, resulting in some groups of people experiencing more severe forms of violence and facing additional barriers to accessing supports that lead to their safety.

### Whole of Family Integration

IDFVS approaches to DFV should include an understanding that a family system can be affected by one or more person's choices to use violence and / or control. IDFVS programs need to incorporate and offer a response to the whole family, rather than just one victim-survivor in isolation. This can include direct service provision to children and young people (case coordination or case management), support and referral for extended family and case coordination and referral to Men's Behavioural Change Programs (MBCPs) for the person using violence.

IDFVS programs can offer support to victim-survivors while they are remaining in the relationship, with the goal of increasing safety for all victim-survivors and reducing risk. There are challenges in this work for identifying when a risk to the victim-survivor is becoming unacceptably high, and while tools like safety planning and risk assessment, including the DVSAT should be used, they will often need to be adapted for those remaining in the relationship, with the need for dual planning (that is planning to stay, whilst also planning what to do if the risk requires escape from the relationship, even if this is temporary ).

There may also be additional worker safety considerations where the victim-survivor is still in the relationship and IDFVS programs should adapt their own client and worker risk assessment policies and practices with this in mind.

Children and young people who are exposed to DFV are victim-survivors in their own right, and their needs should be considered as part of a whole of family

response. In some matters, a parent might be case managed and the child or young person receiving case coordination services. However in some instances, the work being undertaken with children or young people would see them constitute a case managed client (further in Section 6.1.1).

A recommendation of the UNSW evaluation was that consideration be given to having specific workers in IDFVS programs with practice skills in working with children affected by DFV. All IDFVS programs should be undertaking safety planning with children who are direct clients and can also undertake safety planning as part of whole of family approaches, even if the child isn't receiving direct services. This safety planning should consider the different forms of technology and social media the children / parent are using. IDFVS programs are encouraged, when determining the focus of their service provision, to consider whether direct work with children is needed due to gaps in other services, and whether or not it is to be a strong feature of the programs offering. This may depend also on worker experience and skill.

### Men's Behaviour Change Programs

Men's Behaviour Change Programs (MBCPs) are predominantly group-based programs and services that focus on working with men to enable them to recognise their violent behaviour and develop strategies to stop them from using violence.

MBCPs must be registered as compliant with the NSW Government's MBCP Practice Standards and Compliance Framework to receive funding or referrals from the NSW Government.

The Practice Standards for Men's Behaviour Change Programs articulate the NSW Government's expectations of MBCP providers. The Standards' objective is to provide guidance to ensure programs reflect good practice and are safe and effective in changing the behaviour of men that use violence.

As services in the DFV sector increasingly work towards whole of family approaches and approaches aimed at reducing DFV, there has been increased collaboration with MBCPs as part of the response.

IDFVS programs are encouraged to work closely with MBCPs that comply with the Practice Standards and to develop local working agreements with them.

### Non intimate partner violence / Family Violence

The broad definition of DFV in NSW means that IDFVS programs will sometimes find themselves working with victim-survivors who have been subject to violence and / or control from their children (dependent and / or adult children), extended family or co-habiting flat mates. It is recognised that the DFV sector and services have traditionally been set up to respond to Intimate Partner Violence. IDFVS Programs are encouraged to build connections with the wider service system that can support those experiencing forms of non-intimate partner violence, including parent/child services, youth and adolescent services, elder abuse services and family counselling options within their local area.

One of the challenges of working with non-intimate partner family violence is that the goal of the victim-survivor will not always be to leave or end the relationship. Rather IDFVS programs will be working with the victim-survivor to reduce risk and increase safety while remaining in the relationship with the person using violence and / or control. This is particularly the case where that person is their child, even an adult child, but can also be the case with extended family members and carers. A focus for the program should also be supporting people to increase safety and to live free from violence or control.

Work in this context will sometimes be less about justice-based responses and more about working with victim-survivors to set boundaries in their relationships, as well as providing support to access services that assist the victim-survivor to understand either their parenting practices, parenting options or family dynamics. This work is not about making the victim-survivor responsible for managing the abuse but is about recognising that they are choosing to remain in a relationship with the person using violence and / or control, and the intervention is about assisting them to make informed choices about how to do this, with a goal of maximum safety.

Working with victim-survivors who are experiencing violence from children or adolescents is likely to involve supporting them with parenting decisions and also linking them to recognised parenting programs and services such as Circle of Security, Caring Dads, and Tuning Into Teens, as well as referring to services such as Family Support Services, Victims of Crime and Child and Family Health Services, and Specialist Children and Young People workers in SHS services.

An added complexity of non-intimate partner violence is multi-perpetrator violence. This is where more than one family member is using violence or control. IDFVS Programs need to be aware of this possibility and tailor intervention to ask questions about this.

### Bidirectional violence and Misidentification

IDFVS programs may encounter referrals identifying bidirectional violence, which is where both partners engage in violent or controlling behaviour.

Addressing bidirectional violence requires nuanced intervention, which understands the power dynamics, and forms of abuse involved, and the context in which the violence or control occurs. IDFVS programs can offer both partners referrals for services / case coordination, although may choose to only offer one partner case management. It is important to note that not all bidirectional violence is the same. While both partners may engage in violent or controlling behaviour, one partner may still be the primary aggressor, controlling the relationship through emotional or physical dominance, even if they are not the only one who acts violently. Decisions about who to work with should be made based on risk assessment and safety planning, as well as reference to other available services.

Misidentification in the context of DFV refers to situations where the dynamics of abuse are misunderstood, misinterpreted, or incorrectly labelled, leading to inaccurate conclusions about who is the person using violence and who is the

victim-survivor, or misunderstanding the nature of the violence. Misidentification can occur from a referring agency or can happen within IDFVS programs. It can have serious consequences for individuals experiencing DFV, as it may prevent them from receiving appropriate help or support.

### Aboriginal Healing Frameworks and Practices

There is an increasing body of literature and training available around incorporating Aboriginal Healing practices and frameworks into service provision for not just Aboriginal clients, but all clients. Practices include recognising the impacts of trauma on spirituality, kin, community and country. IDFVS programs are encouraged to incorporate such practices as appropriate to the victim-survivor.

### Culturally adaptability

IDFVS Programs need to be able to adapt their service provision to be as culturally capable as possible. This is achieved through a practice stance of humility, being willing to listen to victim-survivors about how culture is expressed for them and how it may have compounded or intersected with their experiences of DFV. This requires cultural humility, in recognition that learning about other cultures is a lifelong journey, as well as understanding the cultural and structural barriers for those from CALD communities in accessing DFV support services. This includes the stigma and community pressure not to identify DFV or 'break up families'.

It is important that IDFVS providers understand the distinction between forced marriage and cultural practices of arranged marriage, and also understand the potential for dowry abuse and its link to DFV, as well as concepts of Multi perpetrator abuse within and across families, and that abuse can come from someone living overseas. When working with victim-survivors from different cultural groups, IDFVS programs are expected to reach out to culturally specific organisations for consultation. These organisations are able to resource and support the sector to better support the victim-survivor. IDFVS programs are encouraged to partner with multicultural and Aboriginal services and work with them to jointly address the needs of victim-survivors to ensure victim-survivors receive service continuity and avoid re-traumatisation in retelling their story

Culturally supportive service provision also means assisting victim-survivors with systems literacy and not assuming they understand the role or purpose of various agencies, or that the victim-survivor sees the various agencies as trustworthy. IDFVS program providers have a role to play in ensuring all victim-survivors understand why each service is involved, what they do and why they should be trusted.

IDFVS programs should work with victim-survivors no matter what their visa status, including temporary visas, student visa and those seeking asylum. They should also work in consultation with specialist services to understand the impacts of DFV on visa status and the rights of victim-survivors, so the most accurate advice and support can be provided.

### Lateral Violence

Lateral violence in the context of DFV refers to harmful behaviours and actions that occur within a community or social group, often among people who share similar powerlessness, marginalisation, or victimisation. Rather than addressing the larger systemic or external forces that cause harm (such as abuse or inequality), the violence is turned inward and directed towards others within the same community or social group. This is sometimes termed internalised oppression.

While the term is mostly used for marginalised or oppressed groups, it can apply more broadly to any group or setting where there is shared trauma or social disadvantage. In the context of DFV, lateral violence can undermine solidarity and support systems, contributing to further harm.

# 2. PROGRAM ACTIVITIES AND DELIVERABLES

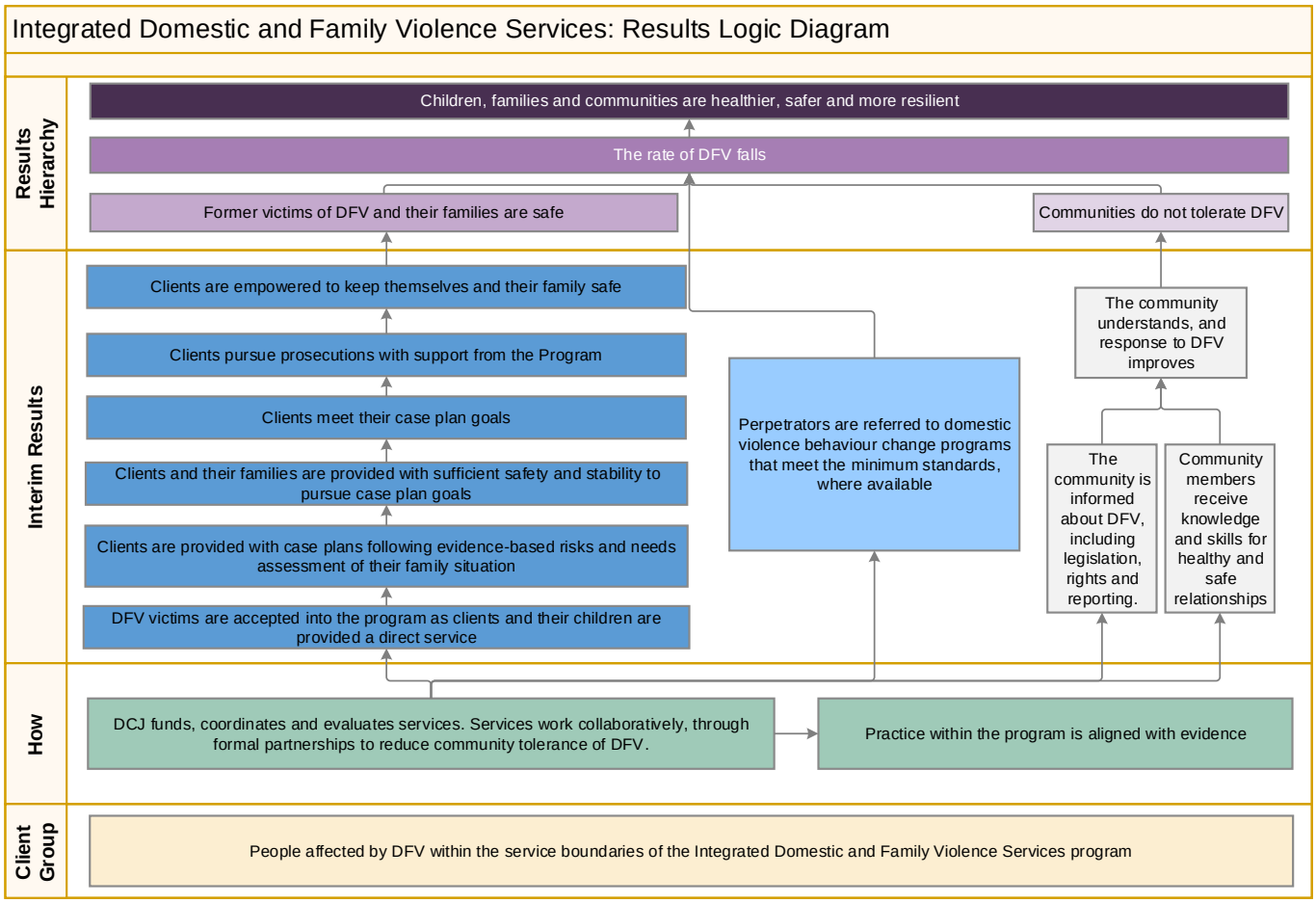
## 2.1 Program Results and Intention

| Integrated Domestic Family Violence Services (IDFVS) | |
|---|---|
| IDFVS Results | • Lowering community tolerance to domestic and family violence and providing access to support services for adult and child victims |
| Interim Results | • Clients are empowered to keep themselves and their family safe<br>• Clients pursue prosecutions with support from the program<br>• Clients meet their case plan goals<br>• Clients are provided with case plans following evidence-based risk and needs assessment of their family situation<br>• Domestic and family violence victim-survivors are accepted into the program as clients and their children are provided a direct service<br>• Persons using violence and / or control are referred to domestic violence behaviour change programs that meet the minimum standards, where available.<br>• The local community's understanding of and response to domestic and family violence improves<br>• The local community is informed about domestic and family violence, including legislation, rights and reporting |

## 2.2 Program logic

The program provides ongoing practical and emotional support to both victim-survivors who remain in a relationship with the person using violence, and victim-survivors who have ended the relationship.

Child clients of IDFVS programs are considered as clients in their own right and direct services can be provided to children.




The Results Based Accountability (RBA) Framework developed by Mark Friedman defines results as conditions of wellbeing for children, adults, families or communities. The Framework distinguishes between population-level results (to which many agencies may contribute, along with external factors like demographic and economic trends) and performance measures for specific programs.

The Results Logic Diagram is an analytical tool used to show the causal linkages between program components and intended results for client and population groups. The Results Logic Diagram includes a results hierarchy in which lower order results are preconditions for achieving higher order results.

Some of the population level results in the IDFVS Program Logic, such as a fall in the rate of DFV or increase in community understanding are results to which the IDFVS Program can only contribute. There are many factors involved outside of the control of the program, including other initiatives aiming to achieve this same result. Ultimately the intention of the IDFVS Program is to see DFV decline.

However IDFVS can have more immediate results from engagement of victims, through to ensuring their immediate safety needs are met, supporting them through the court process and ultimately enabling them to keep themselves and their families safe.

## 2.3 Priority groups

The broad client group for IDFVS is any adult female (or those identifying as female) victim-survivor of domestic and family violence, and their children, whether they are in the violent relationship or have left. Where a victim-survivor has children under their care, the service response must take into account the impacts of the DFV on children and young people and either provide direct services or develop a strategy to address the children's needs.

IDFVS programs may also provide services to the person using violence or control, whether through information and referral (including to Men's Behaviour Change Programs , drug and alcohol support services or healing programs) or through targeted use of brokerage to achieve increased safety.

Service providers are required to provide priority access for people with the following characteristics:

- DFV victim-survivors from an Aboriginal and Torres Strait Islander background
- DFV victim-survivors affected by socio-economic disadvantage
- DFV victim-survivors from Culturally and Linguistically Diverse backgrounds
- DFV victim-survivors who are from refuge, migrant or asylum-seeking backgrounds
- DFV victim-survivors affected by social exclusion
- DFV victim-survivors who have a disability
- DFV victim-survivors who are caring for a child with a disability

If IDFVS provides determine a priority order that differs from those above, IDFVS programs will provide detail about how groups are prioritised.

## 2.4 Cultural capability in the provision of DCJ-funded services

As a DCJ-funded organisation, IDFVS programs are responsible for ensuring that services provided are 'culturally capable'. This means organisations take account of cultural, racial, linguistic and religious differences in the design and delivery of services, so they are appropriate for the circumstances of the individuals and families they work with.

This means that IDFVS programs must take account of population groups that are culturally and racially marginalised, as well as migrants and refuges in the design and delivery of services so that services are culturally meaningful and relevant to

increase family safety.

IDFVS Programs should include a culture-informed and localised response for Aboriginal families, a specialised response for LGBTIQA+ people, older women, people with a disability, people from diverse cultural, racial, religious and language backgrounds, and criminalised women (section 2.10). It should be recognised that Australia is a highly multicultural country.

There is a strong commitment to improve outcomes for Aboriginal people by the NSW government. Some of these initiatives include:

- Family is Culture (FIC) Independent Review 2019
- 2020 National Agreement on Closing the Gap and NSW Closing the Gap Partnership Agreement 2024
- Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031
- Aboriginal and Torres Strait Islander peoples' First Action Plan 2023-2026 and the Aboriginal and Torres Strait Islander Action Plan 2023-2025, which are both part of the National Plan to End Violence against Women and Children 2022-2032.

It is important to acknowledge the past and continued trauma experienced by Aboriginal people in developing culturally safe and appropriate responses. Cultural connections need to be respected as they can serve to enhance resilience and strength in recovery from DFV and intergenerational trauma.

It is vital that cultural capability is considered in the tailoring of service provision for all cultural, religious and language groups, in the development of Aboriginal engagement strategies. This includes engaging with and empowering community members and staff from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds.

Some practical aspects of culturally capability include:

- That employees of the service reflect the cultural diversity of the service's target population.
- That the program / broader service has clear policies and strategies in place for working with families from culturally diverse backgrounds.
- Employees provide information to victim-survivors and use resources that are linguistically and culturally appropriate.
- Training is provided for staff in culturally reflective casework practices that are appropriate for Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD), refugee and migrant communities.
- Staff have access to interpreter services as needed to support victim-survivors.

### Interpreting services

- Funded organisations will source interpreter services independent of DCJ.
- Free Interpreting Service is available through Translating and Interpreting

Service (TIS National) for non-government organisations when providing casework

- Multicultural NSW can provide translations and language advice for resources to ensure your service is accessible for clients who speak another language
- Service providers required to report on their use of interpreter services through the annual DCJ acquittal/accountability process.

## 2.5 Case Coordination and Case Management

| | Case Coordination | Case Management | Counselling |
|---|---|---|---|
| **Primary Role** | Logistical support, service navigation and connector | Holistic support, client empowerment, and safety | Process and heal from the trauma, enhance mental and emotional well-being. |
| **Focus** | Organising resources and services for the client, advocating with other providers | Developing and managing a personalised case plan | Emotional support, trauma processing, coping strategies and improved mental health. |
| **Responsibilities** | Point in time Risk (DVSAT) and needs assessment, immediate safety planning, referral, information provision, advocacy. May include referral to SAMS. | All that is contained in case coordination along with ongoing risk and needs assessment, safety planning, and provision of regular direct support | Use of therapeutic techniques to address the trauma, assist victim-survivor manage feelings and responses to DFV, and develop coping strategies |
| **Client Interaction** | Limited to coordination, risk assessment and resource navigation | Ongoing, hands-on support and advocacy | Less about "doing" and more about **healing** through emotional exploration and reflection |
| **Collaboration** | Works with service providers to connect victim-survivor | Works with victim-survivors to assess needs and create plans. Addresses practical and some emotional impacts of trauma | Works with victim-survivor to address longer term emotional and mental health impacts of trauma, and aims to reduce trauma symptoms. |

| | | | |
|---|---|---|---|
| Scope | Short-term, more administrative | Medium to long-term, comprehensive, and client-centred | Medium to long-term, client centred and usually individually healing focused. |

While all three roles work toward the common goal of supporting victim-survivors achieve greater safety, **case coordination** is more service-oriented and organisational, **case management** is more intensive and focused on the individual's overall well-being, safety, and empowering them to make the changes that will increase their safety, and reduce longer term risk of DFV, while **counselling** focuses on the emotional, psychological, and therapy aspects of a victim-survivor's recovery. The IDFVS program will offer some case coordination to victim-survivors, and depending on the worker's skills provide some elements of counselling, its primary focus is intended to be Specialist DFV Case Management, including risk assessment using the mandatory reporting guidelines and the DVSAT. IDFVS programs should make use of other counselling services, including Victims Services NSW, to refer where available.

IDFVS programs will achieve this through:

- The employment of a professional manager and one or more caseworkers to provide the services, attempting to recruit staff who reflect the diversity of the client group.
- Establishing and administering a brokerage fund to purchase goods and services required to meet client case plan goals. Service providers are encouraged to aim for a brokerage fund of up to 10% of the total grant, however they can exceed this if still meeting agreed targets.

The service may be co-located with government agencies or other agencies and is encouraged to have strong interagency partnerships.

In order to deliver these activities appropriately, IDFVS programs will have an Aboriginal and culturally specific service delivery strategy.

### Case Coordination Services will include:

- Case co-ordination and/or involvement in case tracking to ensure seamless client service provision, including referral on to other services.
- Risk assessment and safety planning, including SAMS referral if indicated.

### Case Management Services will include, as above, and:

- A comprehensive and ongoing risk and needs assessment of each client (adult and child) that assists in prioritising clients and responding to their needs
- A case plan, including goals that are aligned to brokerage, health, referrals, and support needs for longer-term support, with an allocated key worker
- Crisis support and information to assist with the effective engagement of clients with a range of relevant supports
- Referral pathways to domestic violence behaviour change programs that meet the Practice Standards, to improve the accountability of those using violence and / or control and increase victim-survivor safety, and where possible, to

reduce future offending
- Client support and referrals to improve safety and sustain engagement with court processes
- Group support for clients where appropriate
- Case review and closure procedures that collect outcome data, assist with caseload management and ensure clients are aware of their status.

**Provision of services to children / young people**

Case Coordination for children and young people may involve advocacy and referral with other agencies and provision of goods and services through brokerage to meet identified goals. It may also include undertaken child-based safety planning, including involvement of others in the child's world. Providing a parent with referral information, including a child in a parents safety plan, or providing one off funds for items such as school uniforms does not constitute case coordination.

Case Management for children involves the IDFVS worker meeting with the child victim-survivor to undertake risk assessment, develop a safety plan, and supportive case work over weeks or months.

Support with one standalone service – one-off brokerage or referral, this can be recorded as an Incoming Referral when that service is provided, and the referral is closed off.

## 2.6 Inclusion and Exclusion Criteria

| Criteria | Case Coordination | Case Management |
|---|---|---|
| **Risk of Harm/Safety Needs** | Low to moderate risk, may need basic safety planning | High risk of harm, requires safety planning and urgent help |
| **Complexity of Needs** | Specific, less complex needs (resource connection, referrals) | Multiple, interconnected needs (housing, legal, therapy) |
| **Support Duration** | Short-term, immediate resource connection | Medium to long-term, sustained support over weeks or months |
| **Client Engagement** | May require less engagement, focused on accessing services | Actively engages in planning and decision-making |

| | | |
|---|---|---|
| **Mental Health/Substance Issues** | Requires minimal or no mental health support | Requires ongoing mental health or substance abuse support |
| **Legal Involvement** | May need help with legal referrals or simple forms | Requires advocacy (court orders, custody issues, etc.) |
| **Child Protection** | Basic child-related service connection | Child protection issues involved, requires specialised support |
| **Service Needs** | Needs help navigating and coordinating services | Requires case manager to guide complex services |
| **Exclusion** | Complex, ongoing needs that require intensive, personal support | Minimal needs, refuses services, needs specialised service or outside scope of case management |

In summary, **case management** is more appropriate for individuals facing high-risk, complex, or long-term challenges, while **case coordination** serves those who need logistical help and access to resources in the short term. The goal of case management is to provide deeper, ongoing support to help clients achieve long-term safety and stability, while case coordination focuses more on connecting clients with available services.

The IDFVS program is funded to focus on specialist DFV case management for the priority groups, and where the funds are not primarily used in this area, accountability and justification is required. Discussions should occur with DCJ about any wish to move outside these deliveries.

## 2.7 Provision of Groups

From time to time, IDFVS providers may determine that an effective way to support some of their case managed clients could be through group work programs for either adult, young person or child victim-survivors. These programs could be psychoeducational about the impacts of DFV, around the impacts of DFV on parenting or could also be aimed at repairing relationships between the adults and children.

While groups are not a required aspect of IDFVS program provision, they can be highly effective in reducing the sense of isolation and shame that can occur for victim-survivors of DFV. All group work programs should be evidence based and have clear entry criteria including an interview / selection process to determine suitability. Group work should be linked to the scope of the program and linked with improving safety outcomes, where possible.

Groups may be open or closed groups and IDFVS programs may wish to run these in partnership with other agencies.

## 2.8 Use of Brokerage

The use of brokerage funding is a fundamental element of the IDFVS program and aims to support victim-survivors address the impact of DFV and increase safety and well-being.
Brokerage should be used where it has been determined that goods and/or services are required to help meet the goals of a client's case plan, or it has been determined that goods or services are required to lessen the safety risk of a client in an emergency situation.

The table below identifies brokerage categories are appropriate for use by the IDFVS program. The table also includes recommended Inclusions and Exclusions, to assist service providers determine what goods and services can and cannot be purchased with brokerage funds.

It is important the IDFVS Providers keep up to date with the criteria and uses for other payments victim-survivors may be able to access, including:

Victims Services payments - see https://victimsservices.justice.nsw.gov.au/how-can-we-help-you/victims-support-scheme/eligibility-criteria.html and
Escaping Violence Payment -see https://www.servicesaustralia.gov.au/crisis-payment-for-extreme-circumstances-family-and-domestic-violence)

All Brokerage expenditure must be recorded in CIMS. System steps for recording Brokerage are available in the CIMS Standard Operating document located in CIMS.

| Brokerage Category | Recommended Inclusion | Recommended Exclusion |
|---|---|---|
| Adult: Assistance with pets | Vet related expenses where injury to pet occurred during DFV incident | Other pet related expenses |
| Adult: Cash | Cash is not to be given to clients. Do Not Use this category | Cash is not to be given to clients. Do Not Use this category |
| Adult: Educational items | School/TAFE supplies | School/TAFE fees where assistance is available through other means |
| Adult: Emergency groceries | When attempts to obtain emergency food hamper from | When other source/provider has capacity to provide emergency food hamper |

| | | |
|---|---|---|
| | other sources have been exhausted | |
| Adult: Emergency bill payment | One-off assistance (gas/electricity/phone/internet) where lapse in payment caused by financial control by person using violence and failure to pay will result in disconnection of service | • Rental arrears for social housing, which can be addressed through a payment plan with housing provider<br>• Ongoing assistance with debts |
| Adult: Emergency transport | Opal Card, Cab Charge, fuel voucher when required to travel to emergency accommodation or DFV related appointment, Court, for example | Travel that is unrelated to a DFV event, appointment or emergency |
| Adult: Emergency household repairs | Maintenance and repairs for damage caused by DFV | Household repairs unrelated to a DFV incident |
| Adult: Emergency personal items (clothing, household and hygiene items etc) | If required as a result of fleeing household due to DFV event or damage, loss or theft due to DFV event | When access to personal items is possible through other services |
| Adult: External services (therapies, medical services, specialist assessment etc) | • Essential medical expenses where these cannot practically be met through Medicare covered services in a timely manner<br>• Essential optical and dental expenses related to DFV situation<br>• Mental health expenses for issues that relate to DFV including counsellors, psychologists, psychiatrists and community treatment not covered by Medicare or where there is a gap from the Medicare reimbursement | • Services that are locally and freely available to the client through Medicare or public dental health services<br>• Non-essential services, or treatments such as cosmetic procedures |
| Adult: Legal expenses | Assistance with legal costs arising from DFV (non-perpetrator only), Family Law Court or other court expenses and document-related expenses | • Free local services that are available through Legal Aid<br>• Legal issues not related to outcomes identified in the case management plan or linked to DFV |
| Adult: Removalist | When a client is required to move to a new residential property urgently for safety reason related to DFV | When client is moving for reasons not related to DFV |
| Adult: Safety upgrades to the house eg. New locks, trimming of shrubbery, CCTV installation | Practical safety improvements and upgrades | Upgrades that do not provide additional safety |
| Adult: Vouchers or gift cards | Food vouchers and supermarket gift cards | Recreational vouchers – cinema's, zoo's etc |
| Adult: Other (Please specify) | To be determined via consultation between case manager and manager. Service Provider must document and justify decision for expenditure | Discretionary items not related to outcomes identified in the case management plan |

| | | |
|---|---|---|
| Child: Childcare expenses | • Occasional Child Care for situations when a child's mother is required to attend DFV related appointment (court, medical etc) that is not appropriate for child to attend and no other care arrangements can be made.<br>• For gaps not covered by the Commonwealth Child are Benefit, Special Child Care Benefit or other financial support. | Discretionary care that is not identified in the case management plan |
| Child: Clothing | If required as a result of fleeing household due to DFV event | When access to personal items is possible through other services |
| Child: Education/ developmental items (uniforms, books, toys) | Items/costs relating to child's education where DFV prevents access | Costs of education that are not a direct result of DFV |
| Child: External services (therapies, medical services, specialist assessment etc) | • Essential medical expenses where these cannot practically be met through Medicare covered services in a timely manner<br>• Essential optical and dental expenses directly related to DFV situation<br>• Mental health expenses for issues that directly relate to DFV including counsellors, psychologists, psychiatrists and community treatment not covered by Medicare or where there is a gap from the Medicare reimbursement | • Services that are locally and freely available to the client through Medicare or public dental health services<br>• Non-essential services, or treatments such as cosmetic procedures |
| Child: Recreational items | If seen to be a necessary expense in order to achieve case plan goal | Not directly related to case plan or as a result of DFV incident |
| Child: Other (please specify) | To be determined via consultation between case manager and manager. Service Provider must document and justify decision for expenditure | Discretionary items not related to outcomes identified in the case management plan |

## 2.9 Education Activities

IDFVS Programs as specialist DFV providers have a role to play in educating more generic services and the wider community about DFV and their role in both prevention and response. It is expected that IDFVS services will be involved in:

- work with other organisations within the broader DFV service system to assist them to more appropriately respond to and refer clients to other services, including within the justice system.

- Education events within the community to broaden the general community's understanding and response to people experiencing DFV.

- Undertaking a service promotion role by outlining the service model as an example of best practice to government and non- government agencies.

- Participation in community networks and events that support cross-sector approaches to improving outcomes.

## 2.10 Addressing Specific needs in the provision of services

### LGBTIQA+

Providers should be building their capacity to actively value and sponsor inclusive practices in the workplace and with victim-survivors. This includes being aware of language used and recognition that DFV can occur in all forms of relationships. IDFVS providers should be sensitive to the use of appropriate pronouns and mindful of practices that are heteronormative. They should be providing staff appropriate training to ensure IDFVS programs are inclusive and welcoming to those who identify as LGBTIQA+.

### Older victim-survivors

Family violence towards an older person is often described as elder abuse. This is a term many older people find more relatable to their experience than the term family violence. The term older person refers to anyone who is aged 60 or older, or any Aboriginal person aged 45 or older.

Elder abuse is any harm or mistreatment of an older person that is committed by someone with whom the older person has a relationship of trust. In the context of DFV, this may be abuse from an intimate partner, adult children, unpaid carers, or extended family members.

IDFVS services should be aware of the *National Plan to Respond to the Abuse of Older Australians* and its successor National Plan (which is currently underway).

### People with disability

People living with a disability, whether it is a physical or cognitive or experience that limits their movements, senses, and / or activities, are more likely to be victims of DFV.

Providers need to ensure that they are working to reduce the impacts of environmental factors that can negatively impact an individual with disability from accessing supports and services i.e. societal negative attitudes, inaccessible transportation, inaccessible buildings/built environment, and limited social support. Providers should also work to promote the full and effective participation of person with disabilities on an equal basis with others.

### Criminalised victim-survivors

During the response to DFV, victim-survivors can sometimes be misidentified as the aggressor and there are also the complications of bi-directional DFV. DCJ recognises the gendered drivers of violence, where the underlying causes that create the necessary conditions in which violence against women, children and LGBTQIA+ people occurs. They relate to the structures, norms and practices arising from gender inequality in public and private life, however these must always be considered in the context of other forms of social discrimination and disadvantage.

It is recognised that women can also be perpetrators of DFV and a range of other criminal behaviours. IDFVS programs should ensure that they are able to work in an inclusive, trauma informed and violence informed way to support criminalised victim-survivors and also hold to principles of accountability for the use of violence and control.

### Women still living in domestic violence relationships

Victim-survivors return to/do not leave violent relationships for many complex reasons. It is important that IDFVS service providers understand this and challenge any judgement they may feel about this decision. Questioning a victim survivor's choice to stay or return may result in them disengaging from the service, which presents a further risk to their safety. IDFVS programs should provide support for victim-survivors to be safe regardless of their relationship status.

IDFVS service provision must be committed to the victim-survivor's right to self-determination and empowerment, and provide choices and opportunity to increase safety and wellbeing of the family.

## 2.11 Exiting clients from the program/Case Closure

The UNSW Evaluation of IDFVS found that program duration is a key strength of the IDFVS model and supported that there is not, and should not be, an optimal appropriate program duration, with program flexibility needed to develop individualised support plans. This flexibility also means case managers can vary the intensity of services at different points in a client's journey.

The number of open cases across IDFVS programs did, however, show substantial variation, with some IDFVS programs having the majority of their clients remaining as open cases. It is important that case management or support plans are reviewed at designated intervals, in line with each service's policy, but at a minimum, on a quarterly basis. These reviews should consider the pathway to exit, and where there is decreased risk, step down to other services. Notes should be added to indicate quarterly review and need for ongoing service.

Case Closure refers to the end of service delivery for a client i.e. there is no more planned work with the client, it is anticipated they will not require further contact with the program, and no on-going follow up calls are planned. This could be due to

referral to another service for ongoing case management or support. At this point, the case worker would record case closure data in CIMS.

A client may also exit the program if they:

- Move out of the boundaries where IDFVS is delivered
- Stop engaging with the program

Victim-Survivors are able to re-enter the program at a later date through self-referral or referral via an agency, where they still fit the program.

### Transition out of the program

The planned transition out of the program should be discussed with the client and mutually agreed upon. Working towards an exit from the program will involve reviewing the goals made and achievements reached during the support period, as well as considering referral options.

As the end of the support period approaches, contact may reduce, and focus will shift to ensuring other planned supports are continuing and that practical matters are resolved as planned. Attention should continue to be paid to the potential for increased risk in this phase.

### Unplanned exit from the program

There may be times where a client decides to disengage from the program without notice. This can occur for various reasons including pressure from the person using violence or control, changes to health or addiction issues, housing or income circumstances.

A service providers duty of care in this situation is informed by the age of a client and the most recently assessed level of risk. Decisions to reach out to a client or share information with other agencies, and a review of potential or known risks should be undertaken in consultation with a senior service manager and documented.

Ideally, service providers will plan ahead with clients about their preferred service response in a period of unexpected disengagement from the program.

# 3. DATA COLLECTION AND REPORTING

## 3.1 Contract performance measures and service results

The DCJ *Funded Contract Management Framework* covers the objectives, guiding principles, processes and expected outcomes of funded contract management. The Framework underpins how funded service management occurs for domestic and family violence programs, including IDFVS.

The IDFVS Program uses the Results Based Accountability (RBA) approach to performance measurement drawing on the results and interim results specified in the IDFVS Results Logic Diagram in Section 5.1.

The IDFVS Program service model has a Service Activity Description that describes its results, interim results and performance measures. The model will seek information on project demographics, the quantity of activity, the quality and its outcomes.

IDFVS program providers enter into a contract with DCJ to achieve certain results for clients. These results will be monitored using the performance measures.

| |
|---|
| How Much? |
| • Number of referrals made and received by the program<br>• Total number of adults and children supported by the program per year<br>• Number of service provider education sessions and participants<br>• Number of community education sessions and participants |
| How well? |
| • Number of partner agencies in formal referral and case management agreements<br>• Number and % of clients who meet their case plan goals<br>• Number and % of clients from each of the nominated sub-groups compared to the percentage profile of these groups within the community served by the program<br>• Number & % of clients who report satisfaction with the service provided |
| Is anyone better off? |
| • Number of clients who, a year after initial contact with the service, report that they and their children feel safe as a result of the assistance provided<br>• Number and % of community members surveyed who are aware of NSW laws relating to domestic and family violence and/or who understand the impact of the various forms of domestic and family violence on victims and children. |

## 3.2 Program data collection and reporting

Performance monitoring for government-funded services is an important part of the government's accountability to the people of NSW. The organisations that DCJ funds through the IDFVS program need to report on the work they do. Service providers must report all data through CIMS, including paper-based surveys, unless otherwise stated by DCJ.

## 3.3 Type of Service Activities

This table lists the main types of activities and quantities per year for IDFVS. These form the basis of reporting and contracting.

| Type of service | Type of activity | Quantity per year |
|---|---|---|
| Integrated Domestic and Family Violence Service (IDFVS) | Case coordination | # of adult clients |
| | Case management | # of adult clients |
| | Education activities | # of sessions<br># of organisations |
| | Brokerage | by client/initiative |
| | Direct services to child | # of child/ren |

## 3.4 The CIMS System

The reporting system for IDFVS is a web-based system called the Client Information Management System (CIMS). CIMS is hosted by InfoXchange, which offers a secure encrypted web connection for every session in use. This secure connection protects data and information within CIMS from being accessed or hacked by any external individuals/entities. The CIMS infrastructure meets the Australian Government Protective Security protocols.

### Purpose of CIMS Data

The data reports that CIMS generates for monitoring are designed to provide a regular indication of each service's performance against IDFVS program measures. DCJ uses reported data for four main purposes:

1. assess each service's effectiveness in delivering the outcomes specified in the contract;
2. measure the service's contribution to IDFVS program objectives
3. as part of the program's evaluation; and

4. to provide feedback to service providers on their performance.

DCJ does not view the data collected through CIMS as an indication of the effort service providers put into their IDFVS programs, or of the value of a service provider or program. Likewise, DCJ does not intend CIMS data monitoring to replace or undermine the importance of evaluations, which offer detailed assessments and provide a thorough understanding of programs and their implementation.

Some of the main functions in CIMS are:

- Recording all incoming referrals to the associated client
- Recording services and supports that the client receives through the IDFVS program
- Recording survey results
- Preventing duplicate client records through client search function
- Allowing client information sharing with other IDFVS providers (with client consent)
- Recording client outcomes
- Running standard and customised client reports

### Closing cases on CIMS

When a client exits the IDFVS program, the case should be closed in CIMS and the reason for exit recorded. This allows for accurate data collection by DCJ. Instructions on how to close a case in CIMS are available in the CIMS Standard Operating Procedures located in CIMS.

### CIMS Training and Handbooks

DCJ will offer CIMS training periodically for all IDFVS program providers. DCJ has published an IDFVS/SHLV Standard Operating Procedures handbook and a SHLV/IDFVS Frequently Asked Questions handbook to help providers use CIMS. These can be found on the CIMS website under the Admin Tab.

Programs should become familiar with CIMS. Via the website https://cims-nsw.infoxchangeapps.net.au

Any technical questions about the CIMS system or need support, should go to the CIMS mailbox: CIMS@homes.nsw.gov.au

## 3.5 Monthly Reporting

DCJ requires service providers to regularly upload data into CIMS on a monthly basis. This is to ensure that service providers and DCJ have data that is as recent and accurate as possible.

### The Outcome Rating Scale (ORS)

As part of the UNSW developed evaluation framework, IDFVS program providers must use the Outcome Rating Scale (ORS) to measure client wellbeing. The ORS is one of the main measures of the program's effectiveness.

This tool tracks client progress at different points of the intervention and is reflective in that it assists clients consider the change in their life, set new goals and can be used to highlight both their own efforts and achievements, as well as those of the worker. It is designed to be used as a collaborative casework tool and integrated into practice, with the client and worker both able to review progress and plan for next steps. It is adapted from an outcome measure developed by Miller, Duncan and Hubble[1].

Only case-managed clients need to fill in the ORS; it is not designed for case-coordinated clients. There are three versions of the survey:

2. Adult Outcome Rating Scale
3. Child Outcome Rating Scale
4. Young child Outcome Rating Scale

Caseworkers should use their professional discretion in deciding which version to distribute to a client that is suitable for the client's age and emotional status.

Clients should fill out the ORS at the start, end and intermittently throughout the client management period. For example, clients might fill out the ORS every three months (or more frequently if the client is intensively engaged with the service) and before and after critical incidents, such as court appearances, installation of safety equipment or other events effecting the client's wellbeing. The tools is designed to become familiar for the client so that its use as a regular review of progress becomes familiar.

## 3.6 ORS and Cultural Capability

Research has found the ORS to be a valid tool for use with diverse clients, in different contexts, from different backgrounds and experiencing different life events or issues. However, it is important for caseworkers to ask the ORS questions in a culturally meaningful way, like a 'cultural translation.'

The CIMS Standard Operating Procedures handbook shows providers how to administer and record the survey. Note that CIMS records surveys anonymously.

DCJ expects that caseworkers will not enter the ORS responses of their own clients into CIMS.

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[1] [1] Jan Breckenridge et al., The University of New South Wales Centre for Gender Related Violence Studies, "Staying Home Leaving Violence Evaluation Framework," September, 2011: 13.

## 3.7 Indigenous Data Sovereignty and Governance

The IDFVS program is committed to the principles of Indigenous Data Sovereignty and Indigenous Data Governance. Indigenous Data Sovereignty refers to the right of Indigenous peoples to exercise ownership over Indigenous data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and use of Indigenous Data.

It aims to ensure that data on or about Indigenous peoples reflects Indigenous priorities, values, cultures, worldviews and diversity and that data is available and accessible at individual and community levels, and by Aboriginality. The intention is that data can empower sustainable self-determination and effective self-governance.

IDFVS providers need to explain to clients where data will be stored, who will have access to it and what it might be used for.

IDFVS program data will be made publicly available so that Aboriginal service providers can:

- Be engaged and lead in decision making about data.
- Have the opportunity to give feedback that is valued and recognised by DCJ.
- Lead localised data activities to enhance data collection that are useful for
- community.
- Generate genuine opportunity for greater authority to manage, govern and own data routinely collected.
- Build capability and expertise to collect, manage and store data effectively

# 4. LEGAL AND POLICY FRAMEWORK

## 4.1 Key Legislation

Key legislation that underpins the DCJ provision of funding to non-government organisations through IDFVS is the *Crimes Act 1900* and the *Crimes Legislation Amendment Bill* 2018, which created an offence relating to strangulation, *the Crimes Legislation Amendment (Coercive Control) Act 2022* and the *NSW Modern Slavery Act 2018*.

Other key legislation includes the *Children and Young Persons (Care and Protection) Act 1998* and the *Community Welfare Act 1987* as well as the regulations associated with these acts.
Legislation that impacts on DCJ's management of its funded programs includes the *Public Finance & Audit Act 1983,* and the *Privacy & Personal Information Protection Act 1998.*

As organisations providing child-related work, IDFVS providers have legislative responsibilities under the *Children Protection (Working with Children) Act 2012*. IDFVS may also need to work with the *Residential Tenancies Act 2010* and the *Residential Tenancies Amendment (Review) Act 2018 No 58,* which allows a tenant to end their tenancy immediately, without penalty, if they or their dependent child are in circumstances of DFV.

Additionally, the following legislation may apply:

- Bail Act 2013 (NSW);
- Children and Young Persons (Care and Protection) Act 1998 (NSW);
- Crimes (Sentencing Procedure) Act 1999 (NSW);
- Crimes Act 1900 (NSW), regarding domestic and family violence-related criminal offences;
- Criminal Procedure Act 1986 (NSW), Sexual Assault Communication Privilege;
- Crimes Legislation Amendment (Coercive Control) Act 2022
- Government Information (Public Access) Act 2009;
- Family Law Act 1975 (Cth);
- Health Records and Information Privacy Act 2002 (NSW); Privacy and Personal Information Protection Act 1998 (NSW); and
- Victims' Rights and Support Act 2013 (NSW).

### Chapter 16A and 13A information sharing

Chapter 16A of the *Children and Young Persons Care and Protection Act 1998* allows prescribed government and non-government bodies the authority to share relevant information about children and young people to collaboratively promote their safety, welfare and wellbeing. Staff in IDFVS services should utilise the provisions of Chapter 16A to gather comprehensive and relevant information from the referring agency and other professionals involved with families to make a holistic assessment of need and to inform case planning.

Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* was introduced to improve the response to DFV and increase agencies' capacity to share information and work collaboratively to support those at risk from domestic violence. Part 13A supports an information sharing framework intended to improve safety outcomes for victim-survivors of DFV. It creates certain exceptions to NSW privacy laws that allow NSW agencies and organisations to exchange information to respond appropriately to the needs of victim-survivors and encourages inter-agency collaboration.

There are two key aspects to Part 13A:

1) Sharing information to facilitate victims' access to DFV support services

Part 13A permits an agency or service provider to disclose victim-survivor and perpetrator information to the Central Referral Point or a Local Coordination Point where the agency believes that a person is subject to a DFV threat. The purpose is to make referrals for DFV support services, or to provide support services to the victim-survivor. While not required by police or the Local Court, any other agency or service provider must obtain the victim-survivor's consent. The consent of the perpetrator is not required.

2) Sharing information to prevent or lessen a threat to the life, health or safety of a person

Part 13A allows an agency or service provider to share any persons' information without the consent of the person if the agency believes on reasonable grounds that:

- it is necessary to prevent or lessen a serious domestic violence threat to the victim-survivor or any person; and
- the victim-survivor or person who is potentially at risk has refused to give consent or it is unreasonable or impractical to obtain the person's consent.

In all other cases, the person's consent must be obtained for information to be collected, used or disclosed. The perpetrator's consent is not required.

## Child Safe Standards

*The Children's Guardian Amendment (Child Safe Scheme) Bill 2021* created the Child Safe scheme while *The Children's Guardian Act 2019* requires organisations to comply with the Child Safe Scheme if they provide services to children or if adults have contact with children in their organisation. *The Child Safe Scheme* (the Scheme) was established after the NSW Parliament passed this legislation in February 2022 to make child-related organisations safer for children and young people in NSW. The Scheme is overseen by the Office of the Children's Guardian (OCG).

All child-related organisations in NSW, including IDFVS programs, should apply the *NSW Child Safe Standards* to better prevent and respond to child abuse. Applying the Standards makes it easier for children, parents, carers and staff to share their understanding of child safety across different settings. The Standards encourage consistency across all environments.

The Scheme includes 10 Child Safe Standards (the Standards) to guide child safe practices in NSW. The Standards aim to ensure all child related agencies protect children and young people from harm. The 10 Child Safe Standards are explained in more detail on the *OCG website*. This site has resources (including a self-assessment tool) to support agencies to understand the Standards and identify ways to improve their child safe practices.

## Coercive Control

Coercive control can be a significant part of a person's experience of DFV. It involves one person's use of abusive behaviours against another person over time, to establish and maintain power and control over them. It moves the focus of DFV from incidents of violence to recognise the broad pattern of behaviours that restrict or control another. It can include monitoring a victim-survivor's movements and actions, restricting a victim-survivor's freedom or independence, using threats and intimidation toward the person or others in their lives, emotional, psychological and / or financial abuse, lateral violence, systems abuse, technology-facilitated abuse and more.

From 1 July 2024, coercive control is a criminal offence in NSW under *Crimes Legislation Amendment (Coercive Control) Act 2022* when a person uses abusive behaviours towards a current or former intimate partner with the intention to coerce or control them. The criminal offence captures repeated patterns of physical or non-physical abuse used to hurt, scare, intimidate, threaten coerce or control someone. The law only applies to abusive behaviour that happens after 1 July 2024. Coercive control can happen in other types of relationships. However, the legislation is for current and former intimate partner relationships initially and does not currently apply to other forms of DFV. The NSW Government have committed to reviewing the legislation in 2026 to see whether other forms of DFV should be included.

This legislation refers to repeated or continuous behaviour, and it is important for IDFVS programs to review their note taking practices to ensure these are suitable to inform, where appropriate, claims of Coercive control.

## 4.2 Policy context

The IDFVS programs contribute to a range of NSW and Australian Government policy directions and commitments around responding to DFV. The NSW Human Services Outcomes Framework ensures services are focused on what is most important – the wellbeing of the people of NSW.

The Outcomes Framework helps NSW Government agencies and non-government organisations (NGOs):

- Adopt an **outcomes-focused approach** in human services design, delivery and evaluation.
- Have a **shared understanding of the outcomes** which are priorities across our work.
- **Work together** to deliver benefits for the community.
- It has seven key domains that are important across agencies and that can all be a part of IDFVS Program provision: Home, Safety, Education and Skills, Economic, Health, Social and Community and Empowerment.

Through their funded programs, DCJ aims to create safe, just, inclusive and resilient communities and enables services to work together to support everyone's right to realise their potential. Priorities include to:

- **Enable access to justice**: The DCJ works to ensure everyone has access to justice and other help.
- **Promote early intervention**: The DCJ promotes early intervention and inclusion to benefit the whole community.
- **Support families**: The DCJ works with families to help them and provide support.

- **Enable vulnerable people**: The DCJ works to enable vulnerable people to participate in social and economic life.
- **Improve outcomes for Aboriginal people**: The DCJ works to improve social and economic outcomes for Aboriginal people.
- **Provide support to vulnerable adults**: The DCJ works to provide support to vulnerable adults so they can participate in community life

The IDFVS program receives funding to specifically address the impacts of DFV and aligns with the *National Plan to End Violence against Women and Children 2022-2032* and the *2020 National Agreement on Closing the Gap*, as well as the *NSW Domestic and Family Violence Plan 2022-2027* and the *NSW Sexual Violence Plan 2022-2027*.

## 4.3 Lived Experience

DFV services have long recognised the importance of incorporating the voices of those with lived experience of DFV. The NSW government, through the strategic priorities set by the Office of the Women's Safety Commissioner (OWSC), is committed to amplifying the diverse voices of people with lived experience of domestic, family and sexual violence and ensure that their expertise informs policies, programs and public discourse.

IDFVS programs will incorporate lived experience feedback into their service delivery through their governance structures, though feedback from Client Outcomes Surveys and through the practice of deep listening with the victim-survivors with whom they work.

Transforming Aboriginal Outcomes (TAO) champions Aboriginal lived experience, perspectives and practices to ensure cultural safety, dignity, and the pursuit of aspirational futures for Aboriginal people. By aligning with DCJ's commitment to trusted, equitable services and Closing the Gap targets, TAO works to reduce intergenerational disadvantage and systemic overrepresentation. IDFVS Programs are encouraged to form strong relationships and partnerships to work with local Aboriginal people, communities and service providers and take note of TAO when designing their own Aboriginal engagement strategies.

## 4.4 Technology facilitated DFV

Studies show that the majority of women dealing with domestic, family and sexual violence experience part of the violence online or through digital technology. This often includes tech-based coercive control, as well as cyberstalking and image-based abuse.

The person using violence and / or control can be the person's partner, ex-partner, a family member, or someone the woman is sharing a home with or dating.

Every person's experience of tech-based domestic, family and sexual violence is unique.
Examples include:

- harassments or threats online or with a digital device
- sharing or threatening to share an intimate image or video of someone online without their consent, also known as image-based abuse or 'revenge porn'
- cyberstalking
- controlling online communication
- restricting or controlling the person's access to devices and online accounts
- financially abusing the person using technology.

Tech-based coercive control can be used to:

- undermine self-worth, confidence and independence
- cut victim-survivors off from social supports such as friends, family, services and money
- pressure or threaten victim-survivors to make them do things, or stop doing things
- track where victim-survivors are going and what they are doing
- 'gaslight' victim-survivors to make them unsure about what is real
- isolate victim-survivors so they feel trapped and unable to leave the relationship.

The Federal Government safety Commissioner suggests these Tips to reduce their risk of tech-based abuse:

- Create an online safety plan  can help people to stay connected while preventing the person using violence from locating them through social media, online accounts and devices. This resource includes a checklist, advice and a list of steps to keep someone safe online.
- Know how to collect evidence safely. eSafety offers step-by-step guidance on collecting evidence if digital technology is being used in an abusive or threatening way.
- Update account security regularly, use strong and different passwords for each account and sign out when finished. Enable Two-step verification (also known as two-factor authentication) for extra protection. Security questions should be changed to things no one else will know the answer to.
- Be careful about sharing location. Check the privacy settings on all devices and apps, including social media. Bluetooth technology used for sharing files and connecting devices like headphones can also track someone's location, and may need to be turned off in device settings.

Further information about device and account safety are available on the Federal governments eSafety's digital wellbeing resource.

## 4.5 Notified policies and standards

All IDFVS providers are required to be familiar and comply with following policies and standards:

- NSW Government Redress Scheme Sanctions Policy (for all contracts and grants)
- DCJ Funded Contract Management Framework
- Framework NSW Interagency Guidelines
- NSW Practice Standards
- Child Safe Standards
- Aboriginal Case Management Policy
- Working with Children Check

Note: Policies and Standards are updated and can change. Whilst IDFVS Providers will be advised through their contract manager of changes, they are also expected to keep up to date with changes in the sector and ensure compliance.

# 5. SYSTEM STRUCTURES AND SUPPORTS

## 5.1 System development

IDFVS programs are expected to collaborate with local partner agencies to develop a strategic approach to reducing domestic and family violence in the area, incorporating the identification of effective engagement strategies and referral protocols for all the designated client groups, including provision for self-referral. Particular attention should be paid to the development of formal referral pathways and strong partnerships with the DCJ, Homes NSW, NSW Health, NSW Police Force and/or Women's Domestic Violence Court Advocacy Services.

Services are expected to contribute to sector development initiatives to ensure that available services are effectively co-ordinated and contribute to the strategic, whole of government objective of reducing domestic and family violence. This includes participation in local service planning and service system meetings, and/or in DFV program specific networks of practice.

## 5.2 Interagency Collaboration

Strong interagency collaboration in DFV services is crucial for providing comprehensive, coordinated, and effective support for victim-survivors. Given the complexity and multifaceted nature of DFV, effective collaboration between different agencies helps address the wide range of needs — physical, emotional, legal, financial, and social — while also improving outcomes for victim-survivors, their families, and the community.

Interagency collaboration assists with safety through shared risk assessments, ensuring that no important factors are overlooked, and allows for coordinated safety planning. Collaboration among agencies allows for more robust safety planning, ensuring that victim-survivors have an integrated approach to escaping violence and securing a safe environment.

One of the recommendations of the 2018 UNSW evaluation was that each IDFVS program report to DCJ on their local partnerships and at the local level about how they partner to best effect for the population demographic.

The flexibility of the IDFVS programs is designed to allow tailored provision based on local need. DCJ recognise that the decisions each funded IDFVS program makes about the percentage of focus on Case Coordination, Case management, Counselling, Groups and Education will be partially dependent on the skills of employed workers, but IDFVS programs are expected to be committed to mapping and working to address the gaps in DFV service provision, based on need, in their local areas.

The IDFVS program is funded to focus on specialist DFV case management for the priority groups, and where the funds are not primarily used in this area, accountability and justification is required.

Collaboration between culturally competent agencies and those with specialised knowledge of these communities allows for the provision of services that are not only effective but also respectful of victim-survivors values, beliefs, and specific needs.

## 5.3 Support of employees

Working with DFV has the potential to place workers at risk of harm themselves, either physically or psychologically, including through vicarious trauma. Providers of IDFVS programs are expected to have policies that ensure the appropriate support of staff through risk assessments for workers; worker safety practices and systems; debriefing; supervision and access to Employee Assistance Programs. Each provider is responsible for following to policies and procedures of its own agency to comply with *Work Health and Safety Act 2011* and the *Work Health and Safety Regulation 2017* as well as the *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024.*

## 5.4 Critical Incident Management

When a critical incident occurs for a victim-survivor working with an IDFVS provider, the providers need to report the details of the incident and the actions taken in response to the incident to their DCJ District Commissioning and Planning Officer (CPO). The purpose of reviewing these incidents is to learn, explore new risk mitigation processes, and update any relevant policy or procedures.

Critical incidents include but are not limited to:

- A death of a victim-survivor who is a client
- Serious incapacity of a victim-survivor as a result of a r DFV incident
- Serious assault against or by a person working with the IDFVS program.

### Protocol

If the incident is an emergency, when an incident is first discovered, service providers should contact 000.

Service providers should first make sure that everyone is safe, including staff and clients of the service. Then, following their own policies on managing incidents, service providers should immediately make a report to the relevant authority such as the Police or lodge a Mandatory Report of Significant Harm (ROSH) report in the case of child or young person.

When it is feasible, service providers should advise their DCJ Commissioning and Planning Officer that a critical incident has occurred and outline as much detail as possible.

Staff affected by the incident should be offered counselling services and support.

In the event of a death or serious incapacity, services should work with Police to contact the next of kin or the Public Trustee/Guardian if needed.

IDFVS programs should also advise the DCJ Contract Manager if there is media interest in the IDFVS funded program.

# Appendix 1 - Acronyms

| Acronym | Meaning |
|---|---|
| CALD | Culturally and Linguistically Diverse |
| CIMS | Client Information Management System |
| CRP | Central Referral Point |
| DCJ | NSW Department of Communities and Justice |
| DVSAT | Domestic Violence Safety Assessment Tool |
| LCP/LSS | Local Coordination Point/Local Service Support (male LCP) |
| LGBTIQA | Lesbian, gay, bisexual, transgender, intersex, queer and asexual |
| MRG | Mandatory Reporting Guide |
| SAM | Safety Action Meeting |
| WDVCAS | Women's Domestic Violence and Court Advocacy Service |

# Appendix 2 - Glossary

### Bi-directional violence

This is the mutual engagement in violence by both intimate partners. It can be a term used to mask that one person is utilising control and fear in a relationship.

### Cisgender

A term used to describe people whose gender is the same as what was presumed for them at birth (male or female). 'Cis' is a Latin term meaning 'on the same side as.'

### Culturally, Linguistically and Ethnically Diverse

The *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023*, defines CALD as "the non- Indigenous cultural and linguistic groups represented in the Australian population who identify as having cultural or linguistic connections with their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home."

### Culturally and Racially marginalised (CARM)

This term refers to people who experience marginalisation or discrimination based on culture or race. The Diversity Council of Australia outlines that this group can include people who are Black, Brown, Asian, or any other non-white group, who face marginalisation due to their race. The term "culturally" is added because it recognises that people may also face discrimination due to their culture or background.

### Domestic and Family Violence

Domestic and family violence includes any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling, causing a person to live in fear. It is usually manifested as part of a pattern of controlling or coercive behaviour.

An intimate relationship refers to people who are (or have been) in an intimate partnership whether or not the relationship involves or has involved a sexual relationship, i.e. married or engaged to be married, separated, divorced, de facto partners (whether of the same or different sex), couples promised to

each other under cultural or religious tradition, or who are dating.

A family relationship has a broader definition and includes people who are related to one another through blood, marriage or de facto partnerships, adoption and fostering relationships, sibling and extended family relationships. It includes the full range of kinship ties in Aboriginal and Torres Strait Islander (ATSI) communities, extended family relationships, and constructs of family within lesbian, gay, bisexual, transgender, intersex, queer or asexual (LGBTIQA+) communities. People living in the same house, people living in the same residential care facility and people reliant on care may also be considered to be in a domestic relationship if their relationship exhibits dynamics which may foster coercive and abusive behaviours.

The behaviours that may constitute domestic and family violence include:

- physical violence including physical assault or abuse
- sexual assault and other sexually abusive or coercive behaviour
- emotional or psychological abuse including verbal abuse and threats of violence
- economic abuse; for example denying a person reasonable financial autonomy or financial support
- stalking; for example harassment, intimidation or coercion of the other person's
- family in order to cause fear or ongoing harassment, including through the use of electronic communication or social media
- kidnapping or deprivation of liberty, as well as unreasonably preventing the other person from making or keeping connections with her or his family or kin, friends, faith or culture
- damage to property irrespective of whether the victim-survivor owns the property
  causing injury or death to an animal irrespective of whether the victim-survivor owns the animal.

### Heteronormativity

Heteronormativity includes cultural, legal and institutional practices that privilege relationships between 'men' and 'women' as the only 'normal' and 'natural' form of relationship.

### Intersectionality

Intersectionality emerged from black feminist, Indigenous feminist, queer, and postcolonial theories. The term was first coined by American sociologist Kimberlé Crenshaw in 1989. Intersectionality is an approach that recognises that experience is shaped by multi-dimensional and overlapping factors of class, sexual orientation, race, immigration status, ethnicity, age, ability.

### Migrant

A person who moves away from their place of usual residence, usually across an international border, temporarily or permanently.

### Perpetrator or person who uses violence

This term describes people and mainly men who use family violence or commit sexual violence against women. This is used regardless of whether a person has ever been arrested or charged with a crime related to the violence. It includes the perpetration of one or more forms of domestic and family violence including, but not limited, to coercive control, physical violence, emotional/psychological abuse and economic abuse.

### Priority Groups

Priority groups are disadvantaged segments of the target group who lack access to fundamental material and social resources and/or are socially excluded. Fundamental material and social resources include things like adequate housing, health care, employment, education, support or financial resources. Individuals are socially excluded if they do not participate to a reasonable degree in certain activities of the community due to reasons beyond their control.

### Refugee

A person who has fled war, violence, conflict or persecution and have crossed an international border to find safety in another country (Australia). Refugees are defined and protected in international law. Their rights are defined in the 1951 Refugee Convention.

### Social Exclusion

Social exclusion refers to the marginalisation that people can experience when they are unable to participate fully in their society. Individuals are socially excluded if they do not participate to a reasonable degree in certain activities of the community due to reasons beyond their control.

An individual experiencing social exclusion might experience a lack of connection to friends, family, neighbours or communities.

### Trauma-informed practice

Trauma-informed care and practice recognises the prevalence of trauma and its impacts on the emotional, psychological and social wellbeing of people and communities. Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma in all aspects of service delivery. The goal of trauma-informed systems is to avoid re-traumatising individuals and support safety, choice and control to promote healing.

### Victim-Survivor

The IDFVS definition of ‘victim-survivor’ is taken from Domestic Violence NSW’s 2022 Best Practice Guidelines, which states that this term is:

“inclusive of intersectionality’s such as women with disability, Aboriginal and/or Torres Strait Islander women, women from migrant or refugee backgrounds and LGBTIQA+ people. The term is also inclusive of those who are parents and/or caregivers.”

It is a term that conveys the understanding that domestic and family violence is both a process of victimisation and survival, and that people’s choice to identify as either one or both should be respected.
This glossary is informed by this of the DVNSW Practice Guidelines and ACON

# Appendix 3 - IDFVS Training Matrix

Those that are employed within the IDFVS programs will come from a range of backgrounds in terms of work experience, lived experience and formal qualifications. The 2018 UNSW Evaluation of the IDFVS program found that the variation of skills and disciplinary backgrounds of IDFVS service providers is marked and can determine the nature of the interventions provided and preferred practice model implemented by particular IDFVS projects. The consultations undertaken in 2024 as part of the Service Specifications review confirmed this remains the case.

Whilst the sector may at times attract new graduates, most employed in this complex and important work will bring prior experience, however this will be from a range of different focus areas. For example, some workers may have a background of working with children,or may even have worked with children therapeutically or developmentally, some may have worked extensively in a case management role, including potentially within DFV. Others might come from working with sexual assault, or from specialist Aboriginal Services. Others may already have strong foundational or specialist training in DFV response or Men's Behaviour Change, others will not.

Rather than a prescriptive, one size fits all orientation training program, it is suggested that in the first few weeks and months of employment, the worker and their supervisor / manager together complete a personalised training needs analysis, and then identify and seek training, formal (training sessions, study, modules) or Informal (such as shadowing other workers, coaching or supervision goals), that strengthen any areas of gap or need. This should be presented to the worker in the framework of lifelong learning, with recognition all need to continue to learn, to avoid a situation where a new team worker feels the need to pretend to know more than they do.

### Steps

The provider should identify the training and learning opportunities exist already that the service accesses (not in relation to any specific worker). They should also consider if the suggested areas cover all local needs and can add to the matrix.

1. Worker to complete the rating and traffic light system, outlining forms of knowledge held / reason for rating
2. Discuss with Manager / Supervisor
3. Complete priority plan together
4. Review again in first 6 months, once greater trust has been established, and Manager / Supervisor is able to also provide feedback and observation.

## FOUNDATIONAL

| | | |
|---|---|---|
| Foundational DFV Dynamics (such as 4 day ECAV DVAlert) | Working with Aboriginal People with Cultural Humility | Technology facilitated abuse |
| Safety Planning and Risk Assessment in the context of DFV | Child Protection in the context of DFV | Accidental Counsellor |
| Case Management training | Case Notes training | *Add tailored* |
| Vicarious Trauma / Self Care | Coercive Control | |

## EXTENSION AREAS

| | | |
|---|---|---|
| Working with sexual assault disclosures | Men's Behaviour Change Programs | Strategies for teenagers using DFV within family |
| Making the most of supervision | Child protection in the context of DFV | *Add tailored* |
| Working with Children exposed to DFV | | |

## SUPERVISION AND MENTORING APPLICATION GOALS

It is important to consider that not all learning occurs through formal courses and training. Some of the gap areas identified may be developed or addressed through a focus in supervision (for example both parties reading about and discussing a practice area) or through shadowing a colleague, either within the agency or another agency. There could be a one off, or mentoring relationship, depending on the depth of learning being sought.

## TRAINING MATRIX TOOL - Example

Your areas of strength may come from your formal training (qualifications, training courses you have attended), from reading and research (articles you have read, issues you have researched and applied into your work), work experience (that is the area was a day to day or regular part of a former role) or lived experience (which is its own form of knowledge, although can require adequate reflection. This tool asks you to identify the forms of knowledge you are bringing to each area and consider their application to your new role.

Please consider each of the areas below and determine whether this is an area you feel is a strength / area of significant experience or prior training (Green), whether you have some knowledge (Yellow) or whether it is an area of gap and priority growth for you (Red). When determining the strength areas and priorities for growth, consider:

- Is this an area I feel confident in?
- Do I still have lots of questions or professional anxieties?

### FOUNDATIONAL

| | | | |
|---|---|---|---|
| **Confidence Level** | Foundational DFV Dynamics (such as 4 day ECAV DVAlert) | Working with Aboriginal People with Cultural Humility | Technology facilitated abuse |
| **Forms of Knowledge** | Undertaken ECAV Course/ Worked in DFV sector 3 years | Some knowledge but want to know more | Some idea, but field is always changing |
| **Confidence Level** | Safety Planning and Risk Assessment in the context of DFV | Child Protection in the context of DFV | Accidental Counsellor |
| **Forms of Knowledge** | Strong part of most recent role | Worked at DCJ and in childcare | Gap – would like more skill |
| **Confidence Level** | Case Management training | Case Notes training | |
| **Forms of Knowledge** | Part of DCJ and last DFV role | Not sure I have good practices | |
| **Confidence Level** | Vicarious Trauma / Self Care | Coercive Control | |

| | | | |
|---|---|---|---|
| **Forms of Knowledge** | Some training and good mentoring but could always learn more | Did recent training | |

EXTENSION AREAS

| **Confidence Level** | Working with sexual assault disclosures | Men's Behaviour Change Programs | Strategies for teenagers using DFV within family |
|---|---|---|---|
| **Forms of Knowledge** | Never sure what to say, would like to know more | Did a short course years ago | Only personal experience, not as comfortable |
| **Confidence Level** | Making the most of supervision | Child protection in the context of DFV | Working with Children exposed to DFV |
| **Forms of Knowledge** | Not had much supervision or good experiences | DCJ role and university studies | Childcare experience and Case management roles |

**Individual training Plan**

Based on the above areas, the priority for training is:

| Area (prioritise foundational areas of need) | Potential Courses / Mentoring / Strategies (Formal and Informal) | Timeframe for review |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Based on the above, the priority areas for supervision discussions are:

*
*
*

Worker Name Signature Date

Manager Name Signature Date

Department of Communities and Justice

NSW GOVERNMENT