SPRC UNSW Social Policy Research Centre

Specialist Workers for Children and Young People Outcomes Evaluation – Final Report

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Glossary

CIMS	Client Information Management System
CYP	Children and Young People
DCJ	Department of Communities and Justice
DFV	Domestic and Family Violence
EQ	Evaluation Question
RFP	Request for Proposal
SHS	Specialist Homelessness Services
SWCYP	Specialist Worker for Children and Young People

Executive summary

The NSW Department of Communities and Justice (DCJ) commissioned a research team from the Social Policy Research Centre (SPRC) at UNSW Sydney to undertake an outcomes evaluation of Specialist Workers for Children and Young People (SWCYP). The SWCYP service identifies accompanied children and young people in priority refuges who require specialist support because they have experienced or are experiencing domestic and family violence (DFV) and are homeless or at risk of homelessness. Support can be provided directly within the refuge by a specialist worker, via outreach, or by referral to mainstream and specialist services. The evaluation was guided by seven key evaluation questions relating to service participant characteristics, identified needs, local service availability, exit plans and referral pathways and children and young people's outcomes.

The analysis shows that the SWCYP service is achieving positive outcomes for CYP and their families. The consensus among service providers and DCJ staff involved in the service was that the SWCYP fills a critical service gap and enables services to support children and young people to a far greater extent than ever before. All felt that the SWCYP service should be continued.

The evaluation covered services provided and outcomes achieved between 1 July 2022 and 30 June 2023, although the need to employ staff and establish services meant few were able to offer the full 12 months of service A mixed-method design was adopted, employing both quantitative and qualitative data collection methods and analysis. The quantitative component involved analysis of data extracted from the DCJ Administrative dataset for Specialist Homelessness Services, the NSW Homelessness dataset (Service Level). This consists of administrative data about clients reported by specialist homelessness services, captured mainly via the Client Information Management System (CIMS). Information was analysed for 790 children and young people who received services from a specialist worker from July 2022 to June 2023. Qualitative data collection was undertaken from July to October 2023 and included online focus groups with specialist workers (n=21), service providers (CEOs/managers) (n=21), DCJ Commissioning and Planning officers and managers (n=13), online interviews/focus groups with other stakeholders from peak body organisations and DCJ (n=6) and phone interviews with children and young people (n=4). All case studies provided to DCJ by service providers over the first nine months of the service (June 2022 – March 2023) were included for qualitative analysis.

While the evaluation was designed around seven outcome-focused questions, additional themes relating to service need, implementation, and recommendations for the ongoing delivery of the SWCYP service emerged during the focus groups with key stakeholders. These contextual findings are also reported.

Key outcomes findings

The evaluation was designed around seven key outcomes-focused questions informed by the Request for Proposal (RFP) which also specified data sources for analysis (CIMS, case studies and qualitative data collection with service providers and other key stakeholders).

During the evaluation, it became apparent that the administrative data (i.e. the NSW Homelessness dataset (Service Level)) and case study data were limited in the extent to which they could address some of the outcome questions due to the lack of a standardised outcomes reporting framework for measuring SWCYP outcomes. In addition, the SWCYP was relatively newly implemented, and understandings of what outcomes could be achieved and how they could be measured were still emerging.

In the context of this outcomes evaluation, both service providers and DCJ staff emphasised the difficulties in capturing SWCYP outcomes data. This appeared to arise from concern that the evaluation might not be able to produce the 'hard data' that often drives funding decisions and results in services being continued or defunded. Despite these concerns, there was strong consensus among all stakeholder groups that the SWCYP was a critical service that was contributing to improved outcomes for accompanied CYP relating to physical health, education, social engagement, mental health, emotional wellbeing, and family relationships.

Evaluation Question 1: SWCYP service users

Findings from administrative (CIMS)[1] data:

- 790 children and young people received service from SWCYP in the year to June 2023.
- The SWCYP service is used by clients with histories of housing difficulties. Most SWCYP clients had not had a permanent address in the last month (54%) and 9% had not had a permanent address for more than 6 months. 34% had accessed short term accommodation in the last month and 14% had slept rough in the last month.
- 40% were aged under 5 and the same proportion (40%) were aged 5 to 11. One in five (20%) were approximately high school aged (12 to 17).
- 96% were born in Australia.
- 43% were from Aboriginal and Torres Strait Islander backgrounds.

Evaluation Question 2: CYP's identified needs

Findings from administrative (CIMS) data:

- Although DFV among adults may not be consistently recorded in CIMS in relation to a child, it was the most common reason people using the SWCYP service sought assistance from SHS. DFV was recorded as a reason for seeking assistance (at any point during their service engagement) for 62% of CYP. At presentation, DFV was the main reason for seeking assistance for 50% of CYP.
- CYP's needs were most frequently recorded as other basic assistance[2], information and advice, advocacy, short term accommodation, material aid, and assistance accessing a variety of other services including schools and healthcare.

[1] This refers to the NSW Homelessness dataset (Service Level) which includes client and support period information from CIMS and other case management systems in use in NSW.. However, as it was consistently referred to as 'CIMS' by stakeholders, we have retained this language throughout the report.
[2] This is defined as 'support that is 'not specialised' and not listed in other categories', see AIHW (2023).

- CYP's needs were largely provided for. However, housing needs appear difficult to meet, and clients often received referrals to help address need.
- Specific goals in case management plans are not evident. However, among CYP, almost half (44%) of those with a case management plan met all case management goals, and a further 24% had met half or more.

Finding from case studies:

- The identified needs of CYP are sometimes unique to the child, while some are shared with their mother and siblings.
- Support needs specific to the child centred around emergency food and living support needs, education, social engagement, physical health, mental health, and culture.
- Meeting CYP's needs was often contingent on improving parenting capacity by providing the mother with information about how to manage child behaviour, age-appropriate behaviour and by modelling positive parenting skills.
- The case studies identified that mothers required supports (e.g., mental health, family support, financial support, housing) that have a direct impact on children's wellbeing.

Evaluation Question 3: Services available by location and to which CYP are referred

Findings from administrative (CIMS) data:

- Service uptake (recorded as SWCYP client numbers) differed across DCJ districts. This may reflect provider numbers and capacity, community need, recruitment difficulties in some areas and different local contexts and approaches.

Findings from case studies:

- The case studies describe a range of supports to which CYP were referred.
- *Services CYP were referred to* included healthcare (GPs, paediatricians and other specialists, psychologists, psychiatrists, allied health), social (e.g. engagement in playgroups or sports clubs) education (primary and high schools), vocational specialist (write CVs and practice interview skills) and cultural services.
- *Services mothers were referred to which directly impacted on children's wellbeing* included family support services, healthcare (GPs, specialists, psychologists, psychiatrists, counsellors) and financial counsellors.
- Specialist workers provided significant support to ensure CYP could access the supports they needed, including working with their mother to support them to access the services and supports she needed to support her child.

Evaluation Question 4: Gaps in available services to support CYP and CYP's unmet needs

Findings from administrative (CIMS) data:

- CIMS data does not directly report on services gaps. However, it shows that most needs were addressed either by services provided or referrals, with the exception of housing,

where 28% required medium term housing and 10% were provided with it, and 32% required long term housing but only 2% were provided with it.

Findings from case studies:

- CYP faced long wait times to access specialist health, mental health, and allied health services, particularly in regional locations.
- The effectiveness of the SWCYP service was influenced by the capacity within the broader service system (e.g., availability and wait times for other services).

Evaluation Question 5: Exit plans and exit referral pathways

Findings from administrative (CIMS) data:

- Among children and young people receiving support from SWCYP, support from SHS most commonly ended because immediate needs were met or goals were achieved, the client no longer requested assistance, or they were referred to another SHS.

Findings from case studies:

- The case study template does not ask providers to report on exit plans or exit referral pathways and many are ongoing SWCYP cases. Nevertheless, all describe a range of supports that the CYP and their mother was referred to whilst receiving SWCYP support and which were expected to remain in place after their exit.

Findings from service provider focus groups:

- Prior to exiting, service providers ensured that the child (and parent) had been linked to support services.

Evaluation Question 6: SWCYP service refusal

Findings from administrative (CIMS) data:

- The CIMS dataset does not provide information about service refusal.

Findings from focus groups:

- Service providers flagged that some mothers were reluctant to engage with the SWCYP due to feeling overwhelmed or because they were concerned that engagement might raise child protection concerns.

Evaluation Question 7: Outcomes achieved by CYP attributable to SWCYP support

Findings from administrative data:

- After using SHS, families using SWCYP support were more likely to improve their housing situation. Between presentation and the end of the reporting period, there were decreases in the proportion of CYP living in emergency accommodation, or a hotel/motel. On the other hand, medium and long-term housing needs were not always met.
- Of SWCYP clients with a case management plan, almost half (44%) met all case management goals, and a further 24% had met half or more.

- CYP needs that were provided for included information and advice, advocacy, short term accommodation, material aid, and assistance accessing a variety of other services including schools and healthcare.
- However, CIMS information does not distinguish between different SHS supports, and as such, changes cannot definitively be attributed to SWCYP.

Findings from case studies:

- **Outcomes achieved**: The case studies described outcomes achieved for/by CYP as identified by the specialist worker. Some are personal to the CYP, some are shared with their mother, and some are outcomes achieved by the mother. The case studies documented multiple outcomes achieved for each CYP and their family.
    - CYP outcomes achieved related to their physical health, education, social needs, mental health, emotional needs, safety, cultural needs, employment and family relationships.
    - Child/mother shared outcomes achieved related to parenting/family relationships, housing, financial, improved supports, health, and legal needs.
    - Mother outcomes achieved that have a direct impact on children's wellbeing related to mental health/wellbeing.

Findings from stakeholder focus groups:

- There was strong consensus among all stakeholder groups that the SWCYP was a critical service that was contributing to improved outcomes for CYP with respect to physical health, education, social engagement, mental health, emotional wellbeing, and family relationships.

Key contextual findings

Although the evaluation was designed around seven outcomes-focused questions informed by the RFP, the interviews with the young people and the focus groups with service providers, DCJ staff and other stakeholders covered a range of issues that provide context for the evaluation findings.

Children and young people's perspectives on specialist support

- The interviews with the CYP (n=4) suggest that the specialist support contributed to their improved wellbeing.
- The interviews highlighted their different circumstances and support needs.
- Support needs reported by the CYP included education support (including to re-engage with school), mental health support, and social engagement opportunities.
- Supports provided by specialist workers included liaising with schools, sourcing laptops, regular case management sessions to address wellbeing, identifying social opportunities, providing referrals, accompanying a CYP to make a report to police.

How services used the SWCYP funding

- All services employed caseworkers or specialists (e.g., counsellors, social workers, psychologists, occupational therapists, and speech therapists) with experience working with CYP and/or working within the DFV sector.
- Services took some time to work out how the SWCYP role fit into their service.
- While prioritising the needs of CYP, specialist workers and service providers emphasised the importance of working with the CYP's mother.
- Specialist workers helped CYP to enrol in or re-engage with school; involved CYP in a range of therapeutic and social activities in the refuge; and made referrals for urgent and more routine physical and mental health matters.
- Some used the funding to build their service capacity (e.g. training, developing resources).

Filling a service need

- Many services were supporting CYP prior to receiving SWCYP funding, but not to the extent or depth that the SWCYP funding allowed.
- The SWCYP service is helping to fill a critical service gap.
- Many DCJ staff felt that the SWCYP funding should be extended to all refuges.
- There was strong consensus that SWCYP funding should be incorporated into the Specialist Homelessness Services funding package.

Recognising children and young people as primary victims of domestic and family violence

- The SWCYP funding was welcomed as acknowledgement that CYP are primary victim survivors of DFV.
- This recognition lifted the status of CYP casework.

SWCYP funding enables a more holistic, trauma-informed, and preventative response

- There was consensus among DCJ staff and service provider stakeholders that SWCYP funding enabled services to provide a holistic, trauma-informed, and preventative response to CYP affected by DFV.
- The specialist worker typically worked alongside the mother's caseworker; how this operated varied by the age of the child and their needs.
- The SWCYP enabled the mother to focus on addressing her own needs knowing that her child's needs were being addressed by the specialist worker.
- Service providers highlighted the interconnection between the support needs of the CYP and their mother.
- The fractured relationship between the mother and child due to DFV was a key focus of the specialist worker's work – supports were strengths-focused and empowering.

- Families were generally receptive to receiving SWCYP support, but services had to offer it in a sensitive, non-threatening way as part of a suite of supports.
- For cultural safety and trauma-informed reasons, some services avoided using the word 'specialist' when telling families about the specialist worker role.
- Intensive SWCYP casework support was about providing early intervention and ideally preventing problems from escalating, breaking intergenerational cycles of violence, and potentially reducing future service use.

Service implementation challenges

- The initial funding announcement was sudden, and services were given 12 months to implement the role and expend the funding.
- The 12-month funding made it difficult for services to recruit for the role, particularly in regional areas.
- Without any assurances about ongoing funding, many specialist workers found other employment before the 12 months elapsed.
- Services were unhappy that they were only informed a week before the initial funding ended that the SWCYP service was being extended for a further 12 months.
- The consensus view was that the role needed a longer implementation phase (2 years minimum) to give services time to recruit, embed the role and assess effectiveness.
- Service providers appreciated the flexibility of the service specifications, but some wanted more direction about DCJ's expectations.
- Service providers, particularly those in regional areas, were disappointed that SWCYP funding could not be used for brokerage.

The consensus view among stakeholders was that dedicated funding is needed for Specialist Workers for Children and Young People. Everyone recognised the need for specialist workers for CYP whether they attended an SHS alone or with a parent/guardian. Specialist workers for CYP are required in crisis facilities, including refuges, other homelessness and accommodation services, and services supporting unaccompanied youth. Despite some methodological limitations, the analysis supports the conclusion that the SWCYP service is achieving positive outcomes for CYP and their families.

Recommendations

Recommendations to enhance the effectiveness of the SWCYP emerging from the evaluation are:

Service design

1. Remove the word 'specialist' from the title of the role and consider alternatives such as Children and Young People Support Worker

2. Establish a formalised community of practice for services to share ideas about using the SWCYP funding.

Service funding

3. DCJ should work to secure sustainable funding to continue to expand SWCYP to other women's refuges that provide support to CYP and to evaluate implementation and outcomes.

4. DCJ should assess the risks and opportunities of incorporating SWCYP into core funding for all SHS-funded women's refuges that support CYP.

5. Continue to allow services flexibility around how funding is used to ensure services are responsive to CYP's needs, local context, and organisations' existing staffing structure.

6. Allow funds to be used for brokerage for school-associated costs (e.g. school uniforms, excursions), and health and mental health specialist services, and for services based in regional locations.

7. Include funding for supervision and professional development for specialist workers.

Service contracts

8. Consider aligning funding to the SHS funding cycle allowing for sufficient time to achieve outcomes, giving greater certainty to services and their staff, and better continuity of client care through practice development and staff retention.

Outcome measurement

9. Establish what type of outcomes SWCYP funding is expected to achieve and develop a program/role logic as the basis for future evaluation.

10. Collect outcome measures at regular intervals (e.g. at entry/exit or every 3 months), and record (e.g.in CIMS). Outcome measures that could be included are:

    a. Personal Wellbeing Index – School Children (PWI-SC)[3]
    b. Child Wellbeing Index (WHO-5)
    c. Self-Efficacy Questionnaire for Children (SEQ-C)
    d. Strengths and Difficulties Questionnaire (SDQ)
    e. Needs being met, including educational engagement, and referrals to other services such as healthcare (including physical and mental health specialists), dental, optometry, speech pathology, occupational therapy, social, other.

[3] This should be used in line with DCJ protocols that state that it should not be used with children under 12 years (https://www.facs.nsw.gov.au/__data/assets/pdf_file/0009/838773/pwi-administration-manual.pdf)

1 Introduction

The NSW Department of Communities and Justice (DCJ) commissioned a research team from the Social Policy Research Centre (SPRC) at UNSW Sydney to undertake an outcomes evaluation of Specialist Workers for Children and Young People (SWCYP). The *Specialist Workers for Children and Young People Service Specifications Version 1.1* describes the SWCYP as a program that "aims to break the cycle of disadvantage and improve client outcomes for children and young people who are experiencing or at risk of homelessness and who have been impacted by DFV. Service providers are required to utilise funding to provide direct, client centred and trauma informed services to accompanied children and young people." SWCYP support can be provided directly within the refuge, via outreach to existing refuge clients or by referral to mainstream and specialist services. The evaluation was guided by eight key evaluation questions relating to service participant characteristics, identified needs and outcomes, local service availability, exit plans and referral pathways, and service outcomes.

This report presents the evaluation findings and is structured as follows:

- Section 2 presents the evaluation questions and the methodology used.
- Section 3 presents outcome findings.
- Section 4 presents children and young people's perspectives on specialist support.
- Section 5 presents contextual findings.
- Section 6 presents a discussion of the findings and their implications.
- Section 7 presents recommendations.

1.1 Supporting CYP affected by DFV

The SWCYP program sought to fill a gap by providing child-focused responses to accompanied children and young people (CYP) affected by domestic and family violence (DFV) and homelessness. CYP may be the target of DFV and may also be exposed to partner violence perpetrated against their mother or other family members (AIHW, 2019; Wolbers et al., 2023). Increasingly, adult-focused responses to domestic violence have been recognised as inadequate in their treatment of CYP as passive 'witnesses' or 'collateral damage'. Studies highlight how they are victims of abusive control and survivors in their own right, who resist and respond in ways that may be different to those of adults and who are affected by violence in a range of ways (Callaghan et al., 2018; CCYP, 2016; Campo, 2015; Corrie et al., 2021; Morris and Humpherys, 2023, Fitz-Gibbon et al., 2023). While impacts are wide ranging and varied, experience of and exposure to DFV has been found to affect CYP's mental and physical wellbeing, relationships, and educational outcomes, contributing to cumulative harms and potentially, intergenerational transmission of violence (Campo, 2015). Moreover, research underscores the critical need to acknowledge intersectional experiences, with CYP with disability at greater risk of experiencing/being exposed to DFV

than CYP without disability and CYP with disability who are Aboriginal even further over-represented (Robinson et al., 2022; AIHW, 2019).

For CYP, DFV is a key pathway into homelessness, as it is for adults. CYP who have experienced homelessness are more likely to experience poor mental health, behavioural and other challenges along with schooling disruption, and are especially vulnerable to homelessness later in life (AIHW, 2020; Bassuk et al., 2015; Berg et al., 2020; Flatau et al., 2012). While emergency and short-term accommodation for people affected by violence are key DFV interventions, CYP's needs have been observed to be often overlooked or seen as secondary to adults' needs in homelessness service systems, with refuges typically focusing on the needs of women and not resourced to work directly with CYP (CCYP, 2016). A trend is that DFV shelters have evolved beyond providing immediate safety and housing goals, to offer a wider range of supports including health, mental health, educational, employment and legal support, as well as supports for children such as childcare, school supplies, referrals, and clothing, however, meeting the wide range of needs is difficult (Chanmugam, 2017).

While studies have focused on the impacts of DFV on CYP and are increasingly capturing their lived experience, there are few studies of child-centric services and approaches, and very limited evidence as to what is effective.

Internationally, the need for more specific interventions to address the needs of CYP affected by DFV has been recognised. DFV professionals recommend targeted initiatives across all child-serving systems, to address their needs through trauma-informed care frameworks, culturally sensitive practices, and collaborative approaches (Berg et al., 2020). The MPOWER program was developed as a group-based therapeutic program built on an understanding of children's coping strategies, and delivered to CYP aged 11 to 18 (Callaghan et al., 2019). Initially piloted in England, then implemented in Italy, Greece, Spain and England, it involves direct work with CYP to build strengths, skills, and creative adaptions that CYP develop when experiencing DFV, and was found to be effective.

Morris and Humphreys (2023) also note that international models and evidence have been influential in Australian DFV reform, and that the Safe and Together model in particular has had significant reach in Australia. Indeed, the Queensland Government's Child Safety Practice Manual[4] states that "Child Safety has adopted the Safe and Together model as the practice approach when working with children and families who live with domestic and family violence." The three principles underpinning the Safe and Together model are:

- Keeping children safe and together with non-offending parent
- Partnering with non-offending parent as default position
- Intervening with perpetrator to reduce risk and harm to child.

In Australia, there has been growing commitment to providing services and enhancing systems to appropriately support infants, children and young people on the basis that this can reduce trauma, develop skills, help strengthen attachment and positive relationships,

[4] https://cspm.csyw.qld.gov.au/practice-kits/domestic-and-family-violence/overview-of-domestic-and-family-violence

maintain engagement in education, and disrupt cycles of violence (CCYP, 2016; Fitzgibbon et al., 2023). In their review of interventions for Australian infants and CYP experiencing DFV, Morris and Humphreys (2023) identify three models of best practice interventions targeting specific cohorts that 'integrate the international evidence base, include robust evaluation and have demonstrated outcomes' (2023: 311):

- The Kids Help Line Circles model: a social network group counselling intervention targeting young people 13-25 years (Campbell et al., 2019)
- BuBs on board: a relational mother and infant group intervention (Bunston and Glennon, 2008; Bunston et al., 2021)
- The Parent Accepting Responsibility Kids Are Safe (PARKAS) Plus program: a dyadic intervention for children who have experience DFV and their parent/caregiver (Bunston, 2008).

Despite these documented examples, gaps remain. Corrie et al. (2021), for example, note a lack of services for teenage survivors of family violence. Based on interviews with young people affected by DFV, Fitzgibbon et al. (2023) found that where services do exist, they are often difficult for CYP to locate or assumed not to exist. Moreover, young people identified crisis accommodation services as adult-centric spaces, designed and delivered for adult victim-survivors.

Overall, the reviewed research highlights the growing recognition of CYP as primary victims of DFV and their need for trauma-informed, holistic and preventative specialist support to mitigate the impacts of and risks associated with experiencing DFV at a young age. However, there are few examples of local initiatives to support CYP affected by violence and engaged with homelessness services, and there is limited evidence of their effectiveness, highlighting the need for practice innovation, such as the SWCYP service.

1.2 The SWCYP service

In November 2021, the NSW Government received $6.55 million in funding from the Commonwealth Government to employ specialist workers for accompanied children and young people (SWCYPs) in priority women's refuges over 2022/23. The funding formed part of the $20 million Commonwealth Government contribution toward the *Domestic and Family Violence National Partnership Agreement*[5]. NSW DCJ, in consultation with its district commissioning and planning staff, provided SWCYP funding to services that had supported the highest number of accompanied CYP who had experienced DFV in 2020-2021 based on available administrative data. CYP who have experienced DFV and are homeless or at risk of homelessness are eligible for support. Accompanied CYP residing in the refuge and accompanied CYP in other accommodation settings are eligible for support from the SWCYP service[6]. Specialist workers undertake a needs assessment and develop individualised case plans to support CYP to achieve their desired outcomes. Twenty-one priority refuges in

[5] Specialist workers funded to support at risk children (nsw.gov.au)
[6] Originally, the SWCYP service was intended only for CYP residing in a refuge. However, in November 2022, the service specifications were updated by DCJ in response to feedback from service providers to include outreach support to CYP in other transitional accommodation.

metropolitan and regional New South Wales received funding to employ specialist workers in 2022/23 with funding to be expended by 30 June 2023. However, due to delays in implementing the SWCYP service, all services were given approval to roll over funding into the new financial year if they had an underspend.

The *Specialist Workers for Children and Young People Service Specifications, Version 1.1* (SWCYP Service Specifications) state that the SWCYP funding is to be used to '[p]rovide direct services to children and young people that are trauma informed, family centred and culturally appropriate.' The service specifications also provide 'a list of service components that may be provided' noting that the list is not exhaustive. It includes:

- Assessing client's needs, developing a case plan, and providing case management.
- Providing specialist services such as mental health support and counselling.
- Referring and supporting clients to engage with other services.
- Ensuring that CYP and families are connected with education/training, community, culture, family and country.
- Facilitating one-to-one and group sessions with parents and children to provide support to children, discuss their needs and address their concerns.
- Providing advocacy assistance to children and parents.
- Providing specialist practice guidance to build staff capacity.
- Collaborating with the local service system.

The service specifications state that the funding cannot be used for brokerage, for accommodation costs, or to purchase professional services through a third-party practitioner or organisation.

The SWCYP service was established as a 12-month program funded by the Commonwealth Government and administered by NSW DCJ. At its inception, there was no assurance that the service would continue beyond 12 months although there was an expectation that it would be evaluated. Shortly before the initial 12-month service funding was due to expire, NSW DCJ secured additional funding to enable the program to continue for a further 12 months.

1.3 Guidance on SWCYP service outcomes

The service specifications state that the expected outcomes of the SWCYP service align with the SHS Outcomes Framework and may include:

- Safety:
    - Clients feel safer.
    - Clients feel supported to make progress in addressing their needs.
- Housing:
    - Clients make progress addressing their housing needs.

    - Clients sustain their tenancy.
- Wellbeing:
    - Clients have improved personal wellbeing.
    - Clients have increased capacity to tackle future challenges.

The service specifications state that service providers must meet the data collection requirements outlined in their SHS contract and program specifications and that there is a specific flag in CIMS that providers must use to identify if a young person has been supported by SWCYP.

Additionally, service providers are required to submit two case studies per quarter "highlighting how the funding has contributed to the achievement of outcomes" using the case study template provided by DCJ. The case study template instructs service providers to de-identify their case study and include the following information:

- what the presenting issue was for the adult and child
- the child's assessed needs
- services received
- the outcomes desired (including what the child or parent identified)
- the outcomes achieved and any reasons why desired outcomes were not achieved.

The service specifications also note that service providers are "not required to specifically report on outcomes as part of the service's reporting requirements… [but] services may wish to link case studies back to the SHS Outcome Framework when describing how funding has contributed to the achievement of outcomes". These two points are important to note for this outcomes evaluation:

- That providers are not required to specifically report on SWCYP outcomes; and
- That the SHS Outcomes Framework – safety, housing, wellbeing – provides a framework for providers to report on CYP outcomes.

2 Evaluation questions and methodology

The evaluation covered services provided and outcomes achieved between 1 July 2022 and 30 June 2023. The evaluation used a mixed-method design, using both quantitative and qualitative data collection methods and analysis.

The quantitative analysis examined administrative data extracted from the NSW Homelessness Dataset, which contains information for clients reported by services, mainly via the Client Information Management System (CIMS). Data was available for 790 children and young people who had received support from SWCYP from 1 July 2022 to 30 June 2023.

Qualitative data collection was undertaken between July and October 2023. It included online focus groups with specialist workers (n= 21), service providers (CEOs/managers/other key staff) (n=21), DCJ Commissioning and Planning officers and managers (n=13), online interviews/focus groups with other stakeholders from DCJ and peak body organisations (n=6) and phone interviews with CYP (n=4). All case studies provided to DCJ by service providers over the first nine months of the service (June 2022–Mar 2023) were included for qualitative analysis.

The evaluation was guided by seven key questions informed by the RFP and presented in Table 1 below. While the evaluation was designed around these seven evaluation questions, many additional themes relating to service need, implementation, and recommendations for ongoing SWCYP service delivery were discussed during the focus groups. These findings are also reported (Section 5).

Table 1 SWCYP outcomes evaluation questions

1. Who uses the SWCYP service?
2. What needs do CYP or their accompanying adult identify when they meet their specialist worker?
3. What services are available to CYP in each location and which services are CYP referred to?
4. What are the gaps in available services to support CYP (either as a result of service constraints or the service location)? What are CYPs' unmet needs?
5. What exit plans and exit referral pathways are made for CYP who receive this service?
6. Why do some accompanying adults or CYP refuse the service?
7. What outcomes achieved by CYP can be attributed to having received the SWCYP service?

2.1 Quantitative data

DCJ provided de-identified data for CYP who had received assistance from the SWCYP service. Data was analysed to help understand the cohort using the service. Data comes from the DCJ Administrative dataset for Specialist Homelessness Services, the NSW Homelessness dataset (Service Level). The dataset contained information about 790 CYP aged under 18, who had received SWCYP support from July 2022 to June 2023. An

additional 195 people aged 18 or over were also recorded as using the SWCYP service (usually mothers), however these were excluded, so that analysis focuses only on the 790 CYP aged under 18.

Analysis considered information about service need and provision, client demographic data, location, family unit type, and housing and case management outcomes. The data is standard information reported by Specialist Homelessness Services (SHS)[7] about their clients, most of which is captured via CIMS. While it profiles people who received support from a specialist worker, any changes are not necessarily attributable to SWCYP support.

2.2 Qualitative data

The qualitative data collection was undertaken July–October 2023 and included case study analysis and individual and group interviews with specialist workers, service providers, other DCJ and peak body stakeholders and children and young people.

Case study analysis: The evaluation included an analysis of case studies submitted by service providers in the first 9 months of the service (June 2022–Mar 2023). The *SWCYP Service Specifications 1.1* specify that service providers are 'required to submit two case studies to DCJ on a quarterly basis highlighting how the funding has contributed to the achievement of outcomes'. These case studies are reported in a case study template provided by DCJ.

Focus groups: Online focus groups/interviews were conducted with four groups of stakeholders:

- Specialist Workers for children and young people
- CEOs/managers/relevant staff in services funded to employ Specialist Workers
- DCJ Commissioning and Planning Managers and Officers
- Other DCJ and peak body stakeholders.

Interviews: Phone interviews were conducted with four young people.

Table 2 presents the number of participants included in the qualitative data collection.

[7] See https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-collection for more information about the national minimum data set and definitions of SHS.

Table 2 Number of participants included in focus groups and interviews

Stakeholder group	No. of participants
Focus groups with specialist workers	21
Focus groups with service provider CEOs/managers/relevant staff	21*
Focus groups with Commissioning and Planning Managers & Officers	13**
Other DCJ and peak body stakeholders	6
Interviews with CYP	4
Total	65

*This number includes one service provider who could not attend the focus group but emailed feedback on some of the evaluation questions which was included in the analysis (with consent).

** This number includes a Commissioning and Planning Officer who could not attend the focus group but emailed feedback on some evaluation questions which was included in the analysis (with consent).

2.3 Analysis

Quantitative data was analysed using SPSS and Excel. All interviews and focus groups were transcribed in full. Qualitative data (case studies, and transcripts of interviews and focus groups) were analysed in NVivo. Where appropriate, the analysis involved triangulation and synthesis of data from the different methods to address the key evaluation questions.

2.4 Ethics

The research was approved by UNSW Sydney's Human Research Ethics Committee (HREC No.230233).

2.5 Caveats and limitations

While the evaluation was designed around the seven outcomes-oriented evaluation questions in Table 1, capturing outcomes of the SWCYP service was difficult for several reasons. These include a lack of standardised outcome measures collected systematically (see Section 1.3), and difficulty establishing outcomes from a 12-month funded service with varying levels of service operation, engagement and types of interventions (see Section 5.1). There were also limitations to the CIMS and case study data.

CIMS: Data was extracted for clients recorded as having received support from a specialist worker. For the period from July 2022 to June 2023, information was provided for 790 children and young people. The data captured is based on the national minimum dataset for SHS and other than indicating whether or not SWCYP was accessed, is not specifically tailored to identify the extent to which specific outcomes of the SWCYP service were met. As such, the data may not fully reflect all SWCYP service activity and outcomes. In addition, the data reported in this evaluation are for clients recorded as using the SWCYP service who may have also used other supports from SHS or other services. While CIMS reports clients' housing and living circumstances at presentation and at the end of the reporting period, as well as achievement of case management goals, these cannot necessarily be attributed to the SWCYP service.

Additionally, CIMS may not capture other contributions of the SWCYP service; for example, in developing resources or building capacity rather than supporting CYP directly. Finally, data was incomplete; for example, information about participation in school was not available for many school-aged children, or was listed as 'not applicable'.

Therefore, while the data describes clients using the SWCYP service and their circumstances, and indicates supports needed and provided, this information should not be considered a definitive profile of specialist workers' contribution or impact. While it does not fully capture the characteristics or perspectives of CYP using the service, case studies, interviews and focus groups provide further detail about this, and the nature and impact of SWCYP.

Case studies: Several points concerning the case studies are worth mentioning. First, not all service providers provided two case studies per quarter. Second, case studies varied considerably in length, in the detail provided, in the outcomes reported and not all addressed the points specified in the service specifications. Third, many included information about the accompanying mother's support needs which were often intertwined with their child's needs. Finally, while the case studies provide insights into a small sample of CYP supported by specialist workers, there is likely to be some selection bias in the cases reported by services. That said, in the absence of standardised outcome measures, the case studies offer valuable insights that align with some of the evaluation questions.

Interviews with children and young people: Between late July and early September 2023, 18 services were contacted and asked to invite 2–3 young people aged 12 years and over to participate in an online/phone interview. The email invitation said that the interviews would take 30–45 minutes and that the young people would receive a $50 voucher as thanks for their time. Some service providers responded to say that they had supported very few CYP over 12 years of age, others said that they did not have capacity to follow up at the time and another reported that they had ceased their SWCYP service at the end of June 2023 and were waiting for the renewed funding to employ a specialist worker. Despite these recruitment challenges, four young people were interviewed (Section 4).

Despite the methodological limitations reported here, the interviews with the small sample of CYP highlight the value of engaging with a specialist worker. Additionally, the qualitative case studies described a range of outcomes for CYP that are attributed to engagement with a specialist worker. Positive outcomes from specialist support were also discussed in the focus groups with specialist workers and service providers. Additionally, despite its limitations, the administrative data (CIMS) shows the extent to which clients received supports aligned to their needs and achieved case management goals and housing outcomes.

3 Outcome findings

This section focuses on outcomes from SWCYP support, drawing primarily on the administrative data (CIMS) and case study data. It is structured according to the seven key questions informed by the RFP (see Table 1).

3.1 EQ 1: SWCYP service users

Key points:

Findings from administrative (CIMS)[8] data:

- 790 children and young people received service from SWCYP in the year to June 2023.
- The SWCYP service is used by clients with histories of housing difficulties. Most SWCYP clients had not had a permanent address in the last month (54%) and 9% had not had a permanent address for more than 6 months. 34% had accessed short term accommodation in the last month and 14% had slept rough in the last month.
- 40% were aged under 5 and around the same proportion (40%) were aged 5 to 11. One in five (20%) were approximately high school aged (12 to 17).
- 96% were born in Australia.
- 43% were from Aboriginal and Torres Strait Islander backgrounds.

CIMS data: In CIMS, individual clients are considered part of 'presenting units', which are usually family groups. In most cases, the individual children using the SWCYP service were related to the head of the unit presenting to the service. Most often, they were a child of the unit head. This was the case for 631 children of the 790 under 18 (80%). In some cases, they were a grandchild, foster child, stepchild, sibling, niece, or nephew aged under 18. Some children (18%) were listed in CIMS as the head of a presenting unit, including very young children, perhaps as they were the only family member receiving support or perhaps as they were counted separately in error or for administrative reasons.

Table 3 Age and relationship to presenting unit head

Relation to presenting unit head	Age							
	<2	2 to <5	5 to <8	8 to <12	12 to <15	15 to <18	Total	%
Self (head of presenting unit)	24	26	19	34	13	23	139	18%
Child	109	153	117	143	70	39	631	80%
Stepchild	0	0	0	0	2	0	2	0%
Foster child	0	0	1	0	2	1	4	1%
Sibling	0	0	0	0	2	0	2	0%
Niece or nephew	0	0	0	0	0	1	1	0%

[8] This refers to the NSW Homelessness dataset (Service Level). However, as it was consistently referred to as 'CIMS' by stakeholders, we have retained this language throughout the report.

Relation to presenting unit head	Age							
Grandchild	2	2	2	2	3	0	11	1%
Total	135	181	139	179	92	64	790	100%
% in age group	17%	23%	18%	23%	12%	8%	100%	

Overall, 52% of SWCYP clients were female (Table 4). Further, 42.5% of clients were Indigenous and this differed a little across the age groups, ranging from 50% of 15–17-year-olds to 37% of 5–7-year-olds (Table 5). This is relatively high: around 32% of all SHS clients in NSW were Indigenous in 2022-23.[9] The majority of clients (96%) were born in Australia.

Table 4 Age and gender

	Male		Female		Other identity		Total	
	n	%	n	%	n	%	n	%
Under 2	75	56%	59	44%	1	1%	135	100
2 to <5	87	48%	94	52%	0	0%	181	100
5 to <8	71	51%	68	49%	0	0%	139	100
8 to <12	83	46%	95	53%	1	1%	179	100
12 to <15	45	49%	47	51%	0	0%	92	100
15 to <18	20	31%	44	69%	0	0%	64	100
Total	381	48%	407	52%	2	0%	790	100

Table 5 Age and Indigenous status

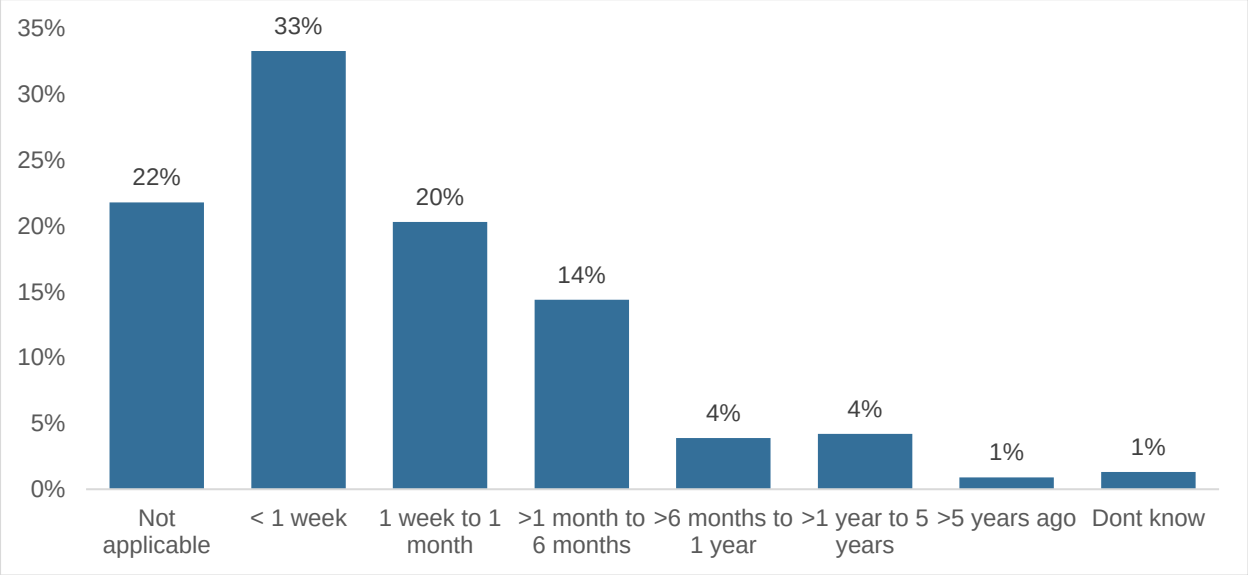
	Indigenous		Non-Indigenous		Not known		Total	
	n	%	n	%	n	%	n	%
Under 2	58	43%	64	47%	13	10%	135	100
2 to <5	71	39%	105	58%	5	3%	181	100
5 to <8	51	37%	85	61%	3	2%	139	100
8 to <12	80	45%	86	48%	13	7%	179	100
12 to <15	44	48%	44	48%	4	4%	92	100
15 to <18	32	50%	31	48%	1	2%	64	100
Total	336	43%	415	53%	39	5%	790	100

Children and young people accessing SWCYP had histories of housing difficulties. Prior to their first use of SWCYP, 35% had accessed short-term accommodation in the past year and 33.5% had done so in the last month. 14% had slept rough in the last year and the same number (14%) had done so in the last month. For a third (33%), their most recent permanent address was in the last week, however for 25%, it was over a month since they had a permanent place to live. For 9%, it was 6 months or more since their most recent permanent address (Figure 1). However, the data was recorded as 'not applicable' for 22% of clients

[9] See: AIHW 2024. Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23. Canberra: AIHW.

(perhaps as they had not left their last permanent address, or the information was not recorded) and a further 1% did not know. A breakdown by age of client is provided in Appendix A Table A 1.

Figure 1 Time since last permanent address, CYP using SWCYP (n=790)



Case studies: Case studies identified that in most cases, CYP were accompanied by their mother, sometimes with siblings. Other people accompanying the CYP included grandmothers, older siblings, and aunts. The number of CYP per family ranged from one to seven – although in most cases it was just one or two CYP. CYP ranged in age from 6 weeks to 19 years, but most were under ten years of age.

3.2 EQ 2: CYP's identified needs

Key points:

Findings from administrative (CIMS) data:

- Although DFV among adults may not be consistently recorded in CIMS in relation to a child, it was the most common reason people using the SWCYP service sought assistance from SHS. It was a reason for seeking assistance for 62% of CYP (recorded at any point) and the main reason (recorded at presentation) for 50% of CYP.
- CYP's needs were most frequently recorded as other basic assistance[10], information and advice, advocacy, short term accommodation, material aid, and assistance accessing a variety of other services including schools and healthcare.
- CYP's needs were largely provided for. However, housing needs appear difficult to meet, and clients often received referrals to help address need.

[10] This is defined as 'support that is 'not specialised' and not listed in other categories', see AIHW (2023).

- Specific goals in case management plans are not evident. However, among CYP, almost half (44%) of those with a case management plan met all case management goals, and a further 24% had met half or more.

Finding from case studies:

- The identified needs of CYP are sometimes unique to the child, while some are shared with their mother and siblings.
- Support needs specific to the child centred around emergency food and living support needs, education, social engagement, physical health, mental health, and culture.
- Meeting CYP's needs was often contingent on improving parenting capacity by providing the mother with information about how to manage child behaviour, age-appropriate behaviour and by modelling positive parenting skills.
- The case studies identified that mothers required supports (e.g., mental health, family support, financial support, housing) that have a direct impact on children's wellbeing.

CIMS data: As captured by the CIMS data, overwhelmingly, DFV was the main reason children and young people using the SWCYP service needed assistance from the SHS. For 62% of CYP using the service, DFV was recorded as a reason for seeking assistance *at any point* during their engagement. It was the *main* reason recorded at presentation for half (50%). The next most common main reasons (at presentation) were financial difficulties (15%) and housing crises (10%) (see Figure 2). Additional detail is presented in Appendix A, Table A 2.

Figure 2 Main reason for seeking assistance (at presentation), SWCYP clients aged <18 (n=790)

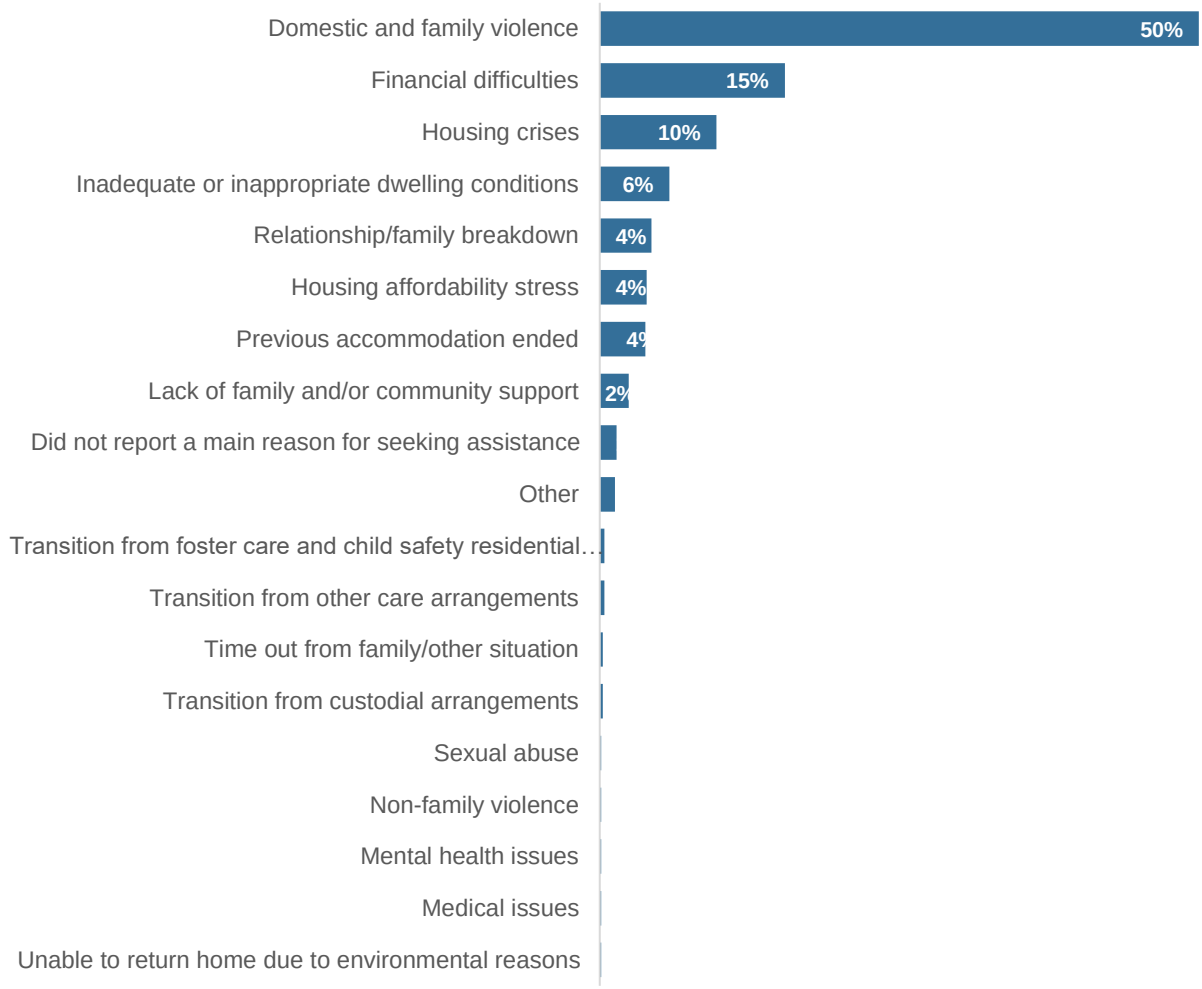
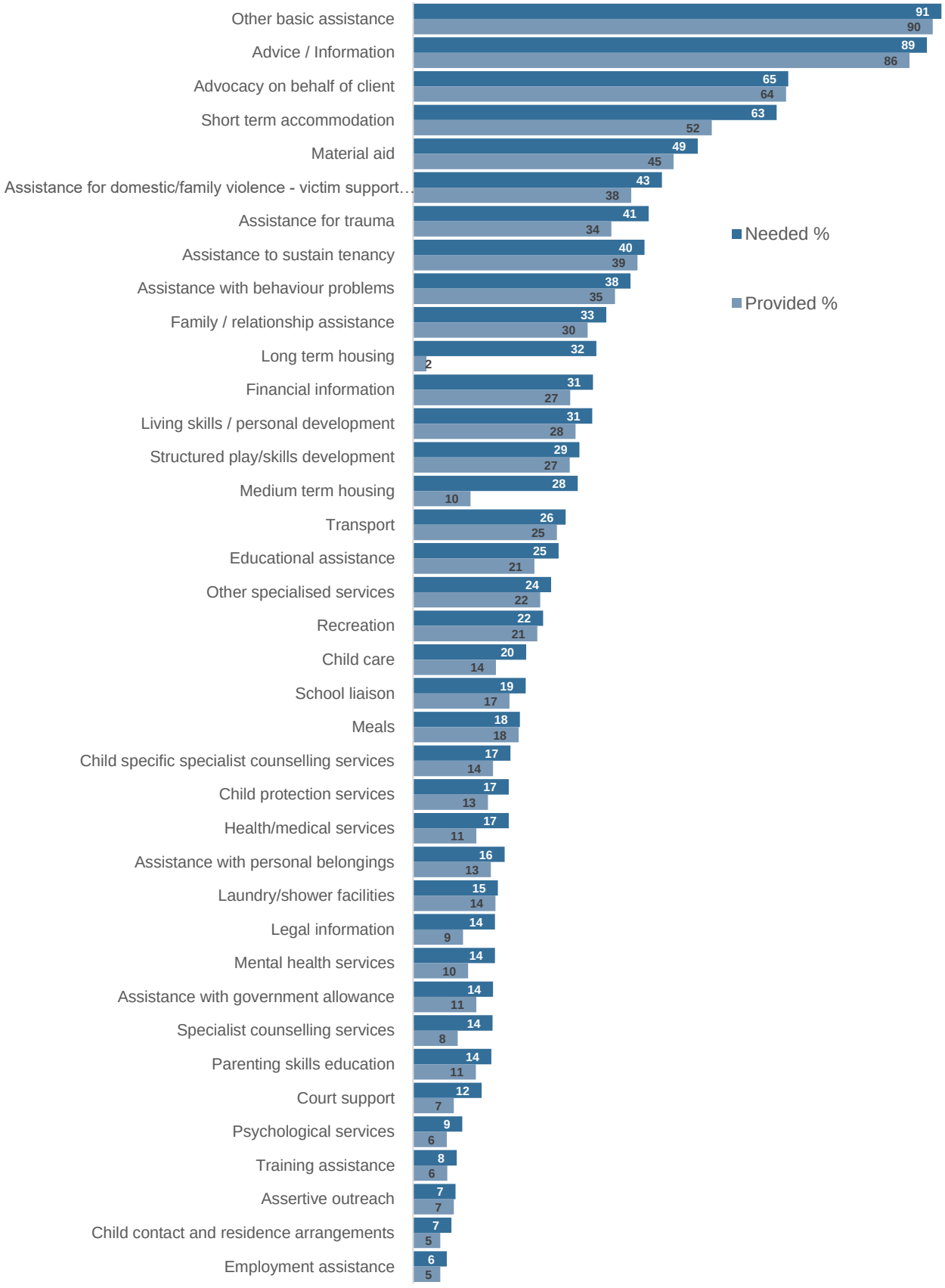


Figure 3 shows the range of needs among CYP using SWCYP. It shows the proportion of CYP who were recorded in CIMS as having a need, at any point during their engagement with the service. It also shows which needs were provided for. The most common supports needed and provided were ‘other basic assistance’ (needed by 91% and provided to 90%), ‘advice and information’ (needed by 89% and provided to 86%), 'advocacy on behalf of client’ (needed by 65% and provided to 64%) and short-term accommodation (needed by 63% and provided to 52%). Large numbers also needed and were provided with material aid, assistance for domestic/family violence services (victim support), and assistance for trauma (see Figure 3). Many also needed educational assistance and school liaison (26% and 19% respectively) and health care needs were also common, including mental health (see Figure 3). For most CYP with a need, support was provided. However, in some cases, referrals were made to other services. Information showing the proportion of children who needed, were provided with, or who were referred for various forms of support is shown in Appendix A, Table A 4.

Figure 3 Percentage of SWCYP clients aged under 18 who needed and were provided with various forms of support (n=790)



Case studies: The case studies described identified needs; some were unique to the child, and some they shared with their mother and siblings. **Shared needs** included safety, healing, stable housing, improved support networks, community engagement, connection to support services, advocacy supports, establishing/rebuilding connection to country/culture, and building positive family relationships.

The **support needs specific to the child** centred around emergency food and living support needs, education, social engagement, health, mental health, and culture.

- **Emergency food and living supports needs** included the need for: clothing; safety (e.g., providing young person with a phone); food; furniture and mattresses; support with personal hygiene and independent living skills; financial support including accessing Centrelink payments and setting up a bank account; and support getting photo identification.

- **Education needs** included: enrolling in childcare/pre-school/school; improving school attendance and engagement; providing school uniforms, school shoes, schoolbags, and school supplies; providing learning support (e.g. developing fine motor skills, practicing in-home activities); having a behaviour support plan for school; providing stability in education; providing opportunities to develop English language skills; and providing transport to get to school.

- **Social needs** included providing opportunities: for enrichment activities; to socialise with children of a similar age (e.g., engage with local playgroups, or establish positive peer support through sports); for building positive relationships with siblings/parents; for building friendship networks; and for building community connections**.**

- **Health needs** included: getting up to date with immunisations; ensuring milestone health checks with paediatrician/GP were complete; providing oxygen support (for pre-term baby); screening for neurodivergence (ASD/ADHD); organising dental, optometrist, speech pathology, hearing, and occupational therapy appointments; organising allergy/asthma/epilepsy management plans; organising sexual health checks and access to contraception; and accessing support to cease smoking/drug use.

- **Mental health** needs included: counselling/opportunities to speak about experiences of DFV; support to manage anxiety/depression/self-harm and suicidal ideation; art therapy; grief/trauma counselling; mental health supports; to have family pets restored to their care; and body safety education.

- **Cultural needs** included opportunities for developing connection to country.

The case studies also identified a range of **supports mothers required to help them meet their children's needs**. They included assistance with: enrolling in childcare and school; applying for childcare subsidies; accessing medical services including specialists and dental; applying for NDIS support for the child; and accessing and using NDIS supports. Many of the

children's identified needs were contingent on improving parenting capacity by providing the mother with information about a range of issues including:

- age-appropriate play and learning in the home
- assistance with establishing routines
- stability, safety and attachment
- assistance with achieving developmental milestones, e.g. toilet training
- the impact of DFV on children, and
- how children communicate through behaviour.

Occasionally, the case studies also reported mothers' supports needs (e.g. to address mental health concerns, family support, financial support, housing) that have a direct impact on children's wellbeing.

3.3 EQ 3: SWCYP uptake by location and referral to other services

Key points:

Findings from administrative (CIMS) data:

- Service uptake (recorded as SWCYP client numbers) differed across DCJ districts. This may reflect need, provider numbers, recruitment difficulties in some areas and different local contexts and approaches.

Findings from case studies:

- The case studies describe a range of supports to which CYP were referred.
- *Services CYP were referred to* included healthcare (GPs, paediatricians and other specialists, psychologists, psychiatrists, allied health), social (e.g. engagement in playgroups or sports clubs) education (primary and high schools), vocational specialist (write CVs and practice interview skills) and cultural services.
- *Services mothers were referred to which directly impacted on children's wellbeing* included family support services, healthcare (GPs, specialists, psychologists, psychiatrists, counsellors), and financial counsellors.
- Specialist workers provided significant support to ensure CYP could access the supports they needed, including working with their mother to support them to access the services and supports she needed to support her child.

The **CIMS data** includes the number of SWCYP clients by age and location (DCJ District) – this is presented in Appendix A, Table A 3. The largest number of CYP using SWCYP were in the Murrumbidgee area (36% of all children and young people accessing SWCYP) and in Sydney (20%). Administrative data does not provide reasons for variation in numbers across the districts.

CIMS data also shows the range of services that CYP using SWCYP were referred to. This is shown in Appendix A, Table A 4. Most commonly, services were provided within the refuge to meet CYP needs, however, referrals were also made to other services. Referrals

were most common for short-term accommodation (13%), material aid (11%), health and medical needs (8%), or for child protection services (7%). Case studies provide further detail.

Case studies described a range of referrals and highlight the significant support work undertaken by the specialist worker to ensure the CYP can access the supports they need, which included working with the child's mother to access services for her child. The case studies highlight the interrelationship between the child and mother's needs. See Appendix C for a sample of case study summaries that provide examples of the range of supports provided to individual CYP and their mother.

In some instances, the case studies refer to support that falls outside the remit of SWCYP funding (e.g., emergency food and living supports, purchasing a punching bag) and may have been provided using other organisational income.

This section describes:

- the supports provided by the specialist worker to both the mother and child,
- the services to which CYP are referred, and
- the services to which the child's mother is referred that have a direct impact on their child's wellbeing.

*Supports provided by the specialist worker to both the mother and child***:** The supports provided by specialist workers to both the mother and child encompass: education, parenting, family relationships, emergency food and living supports, financial, social, advocacy, safety, health/wellbeing, mental health, housing, cultural and employment Appendix B Table B.1).

- **Education** support included supporting mothers and CYPs with enrolments into childcare, preschool, school and after school hours care; establishing morning getting ready for school routines with child and parent, improving school attendance, accompanying the mother and child to meeting with school staff; advocating for reduced school fees; and providing children with school supplies (lunch, uniforms, stationery, shoes, backpack).
- **Parenting** support included modelling parenting strategies; identifying and working on family strengths; providing enrichment activities for child and mother to do together; providing support and information about child development, immunisations, and strategies for managing challenging behaviours.
- **Family relationship** support included support with rebuilding parent and child relationship and support for child to maintain safe contact with father.
- **Emergency food and living** support included providing the family with regular frozen meals, providing baby care supplies, providing toiletries and sanitary products, providing grocery vouchers.

- **Social** support included linking mother/grandmother to support groups, providing social activities for CYP/family (e.g., movies, swimming, laser tag).

- **Advocacy** support related to advocacy around NDIS applications, housing, financial issues, and child protection.

- **Safety** support included safety planning with mother and child, discussing child protections concerns, discussing protective behaviours with mother, and obtaining home security cameras.

- **Health and wellbeing** support included introducing/encouraging healthy eating patterns, engaging CYP in a living skills program, assisting mother with immunisation information.

- **Mental health** support included providing counselling, obtaining a mental health care plan, and purchasing a punching bag as an outlet for the child's emotions.

- **Housing** support included providing crisis accommodation, supporting mother and child with move to private rental and assistance with signing leases.

- **Cultural** support included supporting the CYP to learn Aboriginal language to connect with culture and supporting CYP to connect with community.

- **Employment** support included assisting the CYP to update their CV and do mock interviews and providing assistance with job seeking.

Services to which CYP are referred: The case studies described a range of services to which CYP were referred. Most commonly these were physical health and mental health services. In some instances, these services were provided in-house where refuges employed their own counsellors or occupational therapists (Appendix B Table B.2).

- **Physical health** services included speech pathology, occupational therapy, optometry, dental, dietician and sexual health screening.

- **Mental health** services included trauma counselling, drug and alcohol counselling and play therapy.

- **Social engagement** services included school holiday programs, dance classes and youth groups.

- **Education** services included tutoring and Aboriginal childcare.

- **Employment** services included a referral to a vocational specialist.

- **Cultural** services included cultural learning and connection services.

Services to which mothers are referred: The case studies also document services to which mothers are referred that have a direct impact on their child's wellbeing. These included: parenting/local family support services; mental health services, disability services, health services (Appendix B Table B.3).

3.4 EQ 4: Gaps in services to support CYPs' unmet needs

Key points:

Findings from administrative (CIMS) data:

- CIMS data does not directly report on services gaps. However, it shows that most needs were addressed either by services provided or referrals, with the exception of housing, where 28% required medium term housing and 10% were provided with it, and 32% required long term housing but only 2% were provided with it (see Appendix Table A 4.)

Findings from case studies

- CYP faced long wait times to access specialist health, mental health, and allied health services, particularly in regional locations.

Findings from focus groups

- The effectiveness of the SWCYP service was influenced by the capacity within the broader service system (e.g., availability and wait times for other services).

CIMS data (Appendix A Table A 4) shows little gap between the proportion of children and young people needing a particular support, and the proportion provided with that support, or referred for it. In some cases, supports were both provided and referred for.

However, housing was the exception. Needs for medium- and long-term housing were commonly unmet. While 32% of children and young people using SWCYP needed long term housing, this was provided for 2%, while 5% received a referral. Medium term housing was needed by 28%, and provided for 10% while 4% received a referral (Appendix A Table A 4).

Case studies: The case studies noted gaps in service provision, in that some CYP face long wait times to access the specialist health services they need, particularly in regional locations. This point was also raised across focus group discussions with specialist workers, service providers, and DCJ staff.

Focus groups: Discussions with other DCJ and peak body stakeholders emphasised how the effectiveness of the SWCYP service is influenced by the capacity of the broader service system (e.g., availability and wait times for other services). Stakeholders believed the specialist worker plays an important role in supporting the family while they wait for other services to become available through 'active holding':

> It actually points to the importance of this service even more so because these children's workers can play a really important role in providing active holding for that child and for that family whilst they're waiting for other supports to come into place.

The difficulties in clients accessing housing and medical specialists have been noted in several other contemporaneous evaluations of youth programs.[11] Social housing is in short supply and the private rental market continues to experience low vacancy rates and diminish as an affordable and accessible option for exiting families, explaining the failure to meet housing needs. Health specialists continue to be difficult to access in some areas with long wait times and lack of capacity.

3.5 EQ 5: Exit plans and exit referral pathways

Key points:

Findings from administrative (CIMS) data:

- Among children and young people receiving support from SWCYP, support from SHS most commonly ended because immediate needs were met or goals were achieved, the client no longer requested assistance, or they were referred to another SHS.

Findings from case studies:

- The case study template does not ask providers to report on exit plans or exit referral pathways and many are ongoing SWCYP cases. Nevertheless, all describe a range of supports that the CYP and their mother was referred to whilst receiving SWCYP support and which were expected to remain in place after their exit.

Findings from service provider focus groups:

- Prior to exiting, service providers ensured that the child (and parent) had been linked to support services.

CIMS data captures data on the reasons support periods end for SWCYP clients and, as noted in Section 3.1, 40% of SWCYP clients were aged under 5 and the same proportion (40%) were aged 5 to 11. Therefore, the information recorded in CIMS likely reflects the accompanying adult's reasons for the support period ending[12]. A breakdown by age, for those who received support from SWCYP, is shown in Table 6. This indicates the reason support from SHS was ended, for the final support period which was closed. Most often, support ended because the client's immediate needs were met or their goals had been achieved. This was the case for 50% of CYP, although it is not clear whether these specifically relate to children's needs and goals, or the parent or other adult they were accompanying. For a further 19% of children and young people, the reason recorded was that the client no longer requested assistance. In other cases, clients were referred to other agencies including other specialist homelessness services (8%) or other mainstream agencies (2%). Sometimes, services ceased as the service lost contact with clients (5%) or they did not turn up (2%). Reasons were similar across the age groups.

[11] For example, this was identified recently in SPRC's evaluation of the Universal Screening and Supports (USS) Pilot, a program funded by DCJ.
[12] This is the period a client was receiving support from the SHS, not necessarily the SWCYP.

Table 6 Reasons support period ended, SWCYP clients, n=529

		Under 2	2 to <5	5 to <8	8 to <12	12 to <15	15 to <18	Total
Clients' immediate needs met/goals achieved	n	50	65	42	57	29	22	265
	%	53%	52%	45%	49%	48%	59%	50%
Client no longer requested assistance	n	13	20	21	25	16	8	103
	%	14%	16%	22%	21%	26%	22%	19%
Client referred to another specialist homelessness agency	n	6	11	10	9	3	1	40
	%	6%	9%	11%	8%	5%	3%	8%
Lost contact with client	n	6	9	6	6	1	0	28
	%	6%	7%	6%	5%	2%	0%	5%
Service withdrawn from client and no referral made	n	3	4	2	1	0	0	10
	%	3%	3%	2%	1%	0%	0%	2%
Client did not turn up	n	4	1	2	0	2	1	10
	%	4%	1%	2%	0%	3%	3%	2%
Client referred to a mainstream agency	n	0	1	2	3	1	1	8
	%	0%	1%	2%	3%	2%	3%	2%
Maximum service period reached	n	0	0	1	1	0	0	2
	%	0%	0%	1%	1%	0%	0%	0%
Other	n	12	15	8	15	9	4	63
	%	13%	12%	9%	13%	15%	11%	12%
Total	n	94	126	94	117	61	37	529
	%	100%	100%	100%	100%	100%	100%	100%

Note: the service had not ended for 261 children and young people.

Case studies: See Section 3.3 (EQ 3: SWCYP uptake by location and referral to other services) for a list of the referrals that specialist workers make for CYP and their mothers.

Focus groups: The service provider focus groups provided more information on exit planning, which focussed on ensuring the child (and parent) had been set up with supports and referred to services they needed. This included support to apply for private rentals (or social housing if that was needed), and ongoing check-ins post exit to see how they were going and head off any potential threats to their new housing situation within the first few weeks. After this period, support contact usually tapered off, but clients knew they could reach out if they needed to

3.6 EQ 6: SWCYP service refusal

Key points:

Findings from administrative (CIMS) data:

- The CIMS dataset does not provide information about service refusal.

Findings from focus groups:

- Service providers flagged that some mothers were reluctant to engage with the SWCYP due to feeling overwhelmed or because they were concerned that engagement might raise child protection concerns.

CIMS data: All clients in the CIMS dataset had used SWCYP and the dataset does not include any information about whether there were particular types of support they refused or disengaged from. As indicated above, there was only a small proportion of CYP for whom support ended because the service lost contact with the client (5%) or the client did not turn up (2%). However, this does not reflect refusal of SWCYP as such.

Focus groups: Discussions with service providers offer better insights into service refusal. Only one provider reported that a mother refused to engage with SWCYP support, however many service providers spoke about some mothers' hesitancy to engage. This was due to feeling overwhelmed by having a second caseworker involved with her family or due to concerns that engagement might raise child protection concerns. Service providers also highlighted how the word 'specialist' was off-putting for many mothers who did not want their child singled out for specialist support. For this reason, many service providers avoided using the word 'specialist' when referring to their specialist worker, referring to them instead as 'CYP support workers' or 'family support workers' (see Section 5.5.2).

3.7 EQ 7: Outcomes achieved by CYP attributable to SWCYP service

Key points:

Findings from administrative data:

- After using SHS, families using SWCYP support were more likely to improve their housing situation. Between presentation and the end of the reporting period, there were decreases in the proportion of CYP living in emergency accommodation, or a hotel/motel. On the other hand, medium and long-term housing needs were not always met.
- Of SWCYP clients with a case management plan, 44% achieved all their case management goals and 24% achieved half or more.

- CYP needs that were provided for included information and advice, advocacy, short term accommodation, material aid, and assistance accessing a variety of other services including schools and healthcare
- However, CIMS information does not distinguish between different SHS supports, and as such, changes cannot definitively be attributed to SWCYP.

Findings from case studies:

- **Outcomes achieved**: The case studies described outcomes achieved for/by CYP as identified by the specialist worker. Some are personal to the CYP, some are shared with their mother, and some are outcomes achieved by the mother/guardian. The case studies documented multiple outcomes achieved for each CYP and their family.
    - CYP outcomes achieved related to their physical health, education, social needs, mental health, emotional needs, safety, cultural needs, employment, and family relationships.
    - Child/mother shared outcomes achieved related to parenting/family relationships, housing, financial, improved supports, health, and legal needs.
    - Mother outcomes achieved that have a direct impact on children's wellbeing related to mental health/wellbeing.

Findings from stakeholder focus groups:

- There was strong consensus among all stakeholder groups that the SWCYP was a critical service that was contributing to improved outcomes for CYP with respect to physical health, education, social engagement, mental health, emotional wellbeing, and family relationships.

CIMS data: Noting the caveat that outcomes recorded in CIMS cannot be definitively attributed to SWCYP, the CIMS analysis shows improvements in children's living arrangements between presentation and the end of the final reporting period, and achievement of personal goals.

*Changes in living arrangements***:** Information about living arrangements at the time children presented to the service, and at the end of their last reporting period, are reported in Table 7. At presentation, most children were living with one parent (72%), while 12% were living in couple families, and 12% were living with other family members. By the end of their engagement, more children were living with a single parent (82%), and fewer were in couple families (4%), with about the same number remaining with other family members. Although the service is targeted to accompanied CYP, there was a small number reportedly living on their own at presentation, but this number halved by the end of their last reporting period (from 17 to 9).

Table 8 shows improvement in the quality of children's housing following service engagement. There were increases in the proportion of CYP living in a house, townhouse or flat (69% to 75%) from presentation to the end of their last reporting period, and decreases among those in emergency accommodation (from 23% to 17%). There were also decreases in those living in a hotel/motel (from 4% to 1%). While these outcomes do not describe

housing tenure and do not give a full indication of clients' access to secure, independent accommodation, the information nonetheless indicates improvement in CYP's housing situation, showing a decrease in temporary forms of housing (e.g., like emergency accommodation, caravans, motels), and an increase in those living in a house/townhouse/flat.

Table 7 Who SWCYP clients (<18 years) lived with at presentation and at end of their last reporting period (n=790)

Living arrangements	At presentation		At end of reporting period	
	N	*%*	*n*	*%*
Lone person	17	2	9	1
One parent with child(ren)	571	72	639	82
Couple with child(ren)	91	12	33	4
Couple without child(ren)	2	0	2	0
Other family	96	12	98	12
Group	10	1	0	0
Don't know / Missing data	3	0	9	1
Total	790	100	790	100

Table 8 Type of accommodation SWCYP clients (<18 years) lived in at presentation and at end of their last reporting period (n=790)

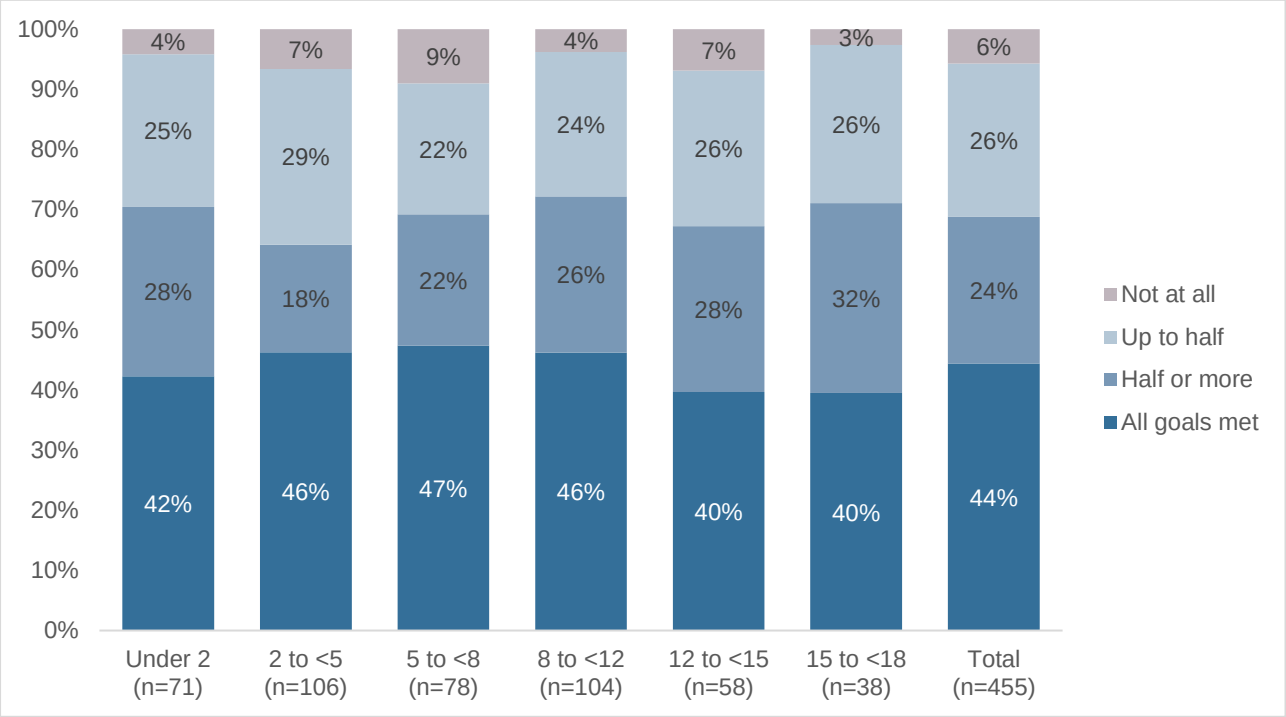
	At presentation		At end of reporting period	
	n	*%*	*n*	*%*
House/townhouse/flat	544	68.9	596	75
Cabin / Caravan	2	0.3	5	1
Improvised dwelling	2	0.3	0	0
No dwelling, in the open	3	0.4	0	0
Motor vehicle	5	0.6	3	0
Boarding house	2	0.3	2	0
Emergency accommodation	179	22.7	132	17
Hotel/motel	33	4.2	9	1
Hospital	2	0.3	0	0
Other	10	1.3	10	1
Don't know	8	1	33	4
Total	790	100	790	100

Achievement of case management goals: Information was captured in CIMS about the extent to which case management goals were achieved. By the end of their final, or most recent reporting period, over half of SWCYP clients had a case management plan in place (58%).

Where CYP did not have a case management plan, it was most often because they were part of another person's case management plan, or because the service episode was too short. Of the CYP with a case management plan, the largest group (44%) achieved all case management goals (%) and a further 24% achieved half or more. A quarter (25%) achieved

under half, while 6% did not achieve their goals at all. A breakdown by age is shown in Figure 4. In all age categories, the majority met all or most of their case management goals.

Figure 4 Extent to which case management goals were achieved, by age (those with case management plans only, n=455)



Case studies: The case study data provide examples of outcomes desired and achieved for CYP identified by the specialist worker in consultation with the CYP and mother. Some desired outcomes were unique to the CYP, some were shared with their mother, and some were mother outcomes. The case studies list multiple outcomes desired for each CYP and their family.

- *CYP desired outcomes*: Identified desired outcomes for the CYP covered physical health, safety, wellbeing/mental health, education, social, child development and child protection.

- *Child/mother shared desired outcomes***:** Identified shared desired outcomes for the CYP and their mother related to housing, social, family relationships, safety, emotional support, connection to support, legal, education, financial, and cultural.

*Outcomes achieved***:** The case studies also provided examples of outcomes achieved for or by CYP as identified by the specialist worker. Some of these achieved outcomes are unique to the CYP and some they share with their mother. The case studies also identify outcomes achieved by the mother.

- *CYP outcomes achieved***:** Outcomes achieved for/by the CYP related to their physical health, education, social needs, mental health, emotional needs, safety, cultural needs, employment, and family relationships.

- *Shared outcomes achieved***:** Shared outcomes achieved for/by the CYP and their mother/ related to parenting/family relationships, housing, finances, improved supports, health, and legal matters.

See Appendix B Tables B.4-B.8 for more detail on specific outcomes within each of these domains for the CYP, the mother and shared CYP/mother outcomes. Here we provide summary detail about the range of goals or outcomes achieved for/by the CYP relating to education, physical health, and mental health.

Outcomes relating to **education** included:

- Improved school attendance
- Improved school engagement
- Re-engagement with school
- Enrolment in school readiness program
- Enrolment in daycare.

Outcomes relating to **physical health** included:

- Child reviewed by paediatrician
- Improvements in child's speech
- Child up to date with immunisations
- Child prescribed glasses
- Child undergoing preventative dental treatment.

Outcomes relating to **mental health** included:

- Improved emotional regulation
- Decrease in self-harm/suicidal ideation
- Child able to talk about experience of witnessing DFV
- Child attending counselling
- Reduction in problematic behaviours.

Focus groups: Determining outcomes from specialist support for CYP is challenging because many other factors are likely to influence outcomes beyond the specialist support provided. These factors include: age, DFV/homelessness experience, the intervention provided, and the intensity/duration of the intervention. Additionally, service providers used the SWCYP funding in different ways in different contexts. These differences included the type of staff recruited, the services' pre-existing structure and staff skillset, other supports provided internally from other funding sources, services' physical space, and their

relationships/collaborations with other services. All these factors influence the types of support and interventions services can provide and thus the outcomes that can be achieved. Additionally, as noted in Section 1.3, providers were not required to specifically report on outcomes as part of the service's reporting requirements.

In the context of this outcomes evaluation, both service providers and DCJ staff emphasised the difficulties in capturing SWCYP outcomes data. This appeared to arise from concern that the evaluation might not be able to produce the 'hard data' that often drives funding decisions and results in services being continued or defunded. Despite these concerns, there was strong consensus among all stakeholder groups that the SWCYP was a critical service that was contributing to improved outcomes for CYP with respect to physical health, education, social engagement, mental health, emotional wellbeing, and family relationships.

DCJ staff were conscious of the difficulties associated with measuring outcomes or determining the impact of SWCYP support. They recognised that outcomes would vary depending on the type and intensity of an intervention, with one commenting on the difference between participating in an art therapy group and a session with a psychologist. Some DCJ staff felt the lack of clarity around what the funding was supposed to achieve at the outset meant '*the data became a bit more interpretative or grey*'. Some DCJ staff felt the case study template was not directive enough in terms of what information service providers should be capturing or what outcomes they should be measuring. DCJ staff also noted that some service providers struggled to use the case study template. One suggested that it may not have been culturally appropriate for services working with Aboriginal communities and that storytelling and narratives were more culturally appropriate*: 'just telling the story of an outcome for a client as opposed to a very cumbersome template'.* An alternative view was that as the funding was initially only for 12 months, it was not worth investing significant resources into developing an additional data collection system for the SWCYP service. One DCJ staff member also made the point that it is difficult to isolate the impact of SWCYP funding from what the service was already doing to support CYP:

> How do we identify and separate what they were already doing... to what's different now… and to me that's been a red flag with this program that it is being used to supplement the existing program funding-wise.

Perhaps more significantly, DCJ staff emphasised that 12 months was not long enough to be able to determine a service's effectiveness, particularly because of the time needed to recruit staff and embed a new support role within a service, with the recruitment and set up phase taking up to 6-months in some cases: '*So you're only really going to be doing 6 months' worth of service provision*'.

Despite reservations about the evidence base, there was a strong sense among the majority of DCJ staff that the funding was being used effectively to support positive outcomes for CYP. One DCJ staff member noted that they had to work with their service provider to help them capture the level and type of engagement they had with CYP and the outcomes they achieved as a result:

> When they first started, I found providers… were selling themselves short. They weren't actually detailing all the work they were doing. So we tried to focus on really articulating what it was that they were doing, what was the situation, what was it that they had to actually do to get the result and what were those results, so that anyone looking at any of the documents could go, 'Wow, this is how the family came in and this was the result.' (DCJ staff)

Service providers also recognised that SWCYP funding could lead to a range of different outcomes depending on how the service used it. There were mixed views on whether and how services should try to capture outcomes data from a 12 month-funded service that did not prescribe a common service model. Some wished for a common set of outcome indicators in order to establish an evidence base. Some felt that trying to capture outcomes before establishing clear program goals and service guidelines was ill-advised. Others emphasised how short-term funding cycles affect the outcomes that CYP can achieve, especially when services cannot afford to retain qualified staff. Additionally, service provider staff occasionally described supports provided to CYP that were more likely provided through non-SWCYP funding streams that the service received (e.g., providing vouchers for food and for purchasing personal items).

Perhaps one of the most powerful illustrations of what an 'outcome' could look like in the context of SWCYP support came up in one of the service provider focus group discussions. The case concerned an 8-year-old child who was made to sit and watch severe sexual assault perpetrated by family members against their siblings. Like their siblings, the child was angry and withdrawn when they arrived at the crisis accommodation, refusing to go to school, leave their room, speak to their mother, or engage with the specialist worker. The specialist worker was able to build rapport and work with the other siblings, with the result that '*the house [became] better, safer, happier*' and this '*allowed this one little [child]… to be able to come out and say hello [to the specialist worker]. That took four or five months*'. The service provider said this was just one of many cases that highlighted the need for trauma-informed specialist workers, because they would not otherwise have had the resources to work with the child in this way. This account demonstrates how 'outcomes' from specialist trauma-informed support for a young person are likely to be individual to the CYP. While improved school attendance is a very concrete, measurable outcome, something as simple as being able to leave your room and say hello to somebody may represent something very significant for a particular child. However, even outcomes like this could be measured or noted through CIMS observations or by regularly using well-established tools with CYP (e.g., the Personal Wellbeing Index or Strengths and Difficulties questionnaire) to document changes in wellbeing and affect.

Despite the lack of any standardised outcomes reporting framework in measuring SWCYP outcomes, both DCJ staff and service providers were confident that the SWCYP service was achieving positive outcomes for CYP and their families. All welcomed the evaluation, albeit with some reservations related to the implementation challenges that many services faced, because they wanted the benefits of the SWCYP funding to be highlighted.

3.7.1 Reasons why outcomes were not achieved

The SWCYP service provided support and referrals for CYP, however, it had no control over whether external professionals and agencies could meet the needs of the CYP. Broader systemic issues rather than the SWCYP service itself meant that some desired outcomes, such as medium- and long-term housing, were not achieved. Outcomes not achieved included:

- Lack of affordable and appropriate housing (both social housing and private rental).
- Service barriers: wait times for medical appointments/parenting courses (e.g. for paediatrician); lack of play therapist/DFV specialist child counsellor; wait times to hear the outcome of the NDIS assessment.
- Financial barriers to access services (e.g. paediatrician, cost of long day care)
- Child's emotional/psychological issues: child's attachment issues, separation anxiety
- Education: poor attendance due to mother's limited capacity to cope with stress; children cannot be enrolled in school during school holiday period
- Support: no family in local area
- Limited support engagement period: client moved away from area, and
- Mother's mental health: support put on hold due to mother's mental health; mother's capacity to engage with health professionals/other services varied.

4 Children and young people's perspectives on specialist support

Four young people were interviewed by phone for the evaluation: a 12-year-old male (chosen alias Negus), a 13-year-old male (chosen alias John), a 13-year-old female (chosen alias Abigail) and a 16-year-old female (chosen alias Cay).

- Negus lived in the refuge for a few months with his mum and two siblings where he met the specialist worker.
- John and his mum left their home and spent two weeks living in hotels before moving into the refuge where he met the specialist worker.
- Abigail and her younger siblings were living with their mum in rental accommodation when she first met the specialist worker.
- Cay was living with her nan at her nan's friend's house when her nan first contacted the service and when she was introduced to the specialist worker who supported her on an outreach basis.

4.1 Engagement with a specialist worker

Negus appeared to have little direct interaction with the specialist worker, however, he described **participating in a range of group activities** with his sibling and other young people staying in the refuge: African drumming, music therapy, art therapy, 'buddies day', excursions on the weekends to the zoo and a reptile park.

John described how he and the specialist worker met twice a week while he was living at the refuge to talk '*about anything that was bothering me or if I thought of anything or, I needed any help'.* He described how some of the women staying at the refuge found his presence difficult '*because, like, I'm a male and, they were sort of like, they would get mad at me'.* He spoke about how this led to frequent angry confrontations which upset him. He described how the **specialist worker provided counselling support** (*'I was upset, you know and, needed someone to talk to about it.')* He described how they talked about meditation and breathing exercises to help with his sleep problems. The specialist worker also **supported his education** by helping him catch up on what he had missed at school when he was sick, and she helped secure a grant to get him a laptop for school. He also mentioned several **social activities** that the specialist worker organised for him during the school holidays – mini golf, the movies, and events at the library. He said that the specialist worker still **'checks in and, makes sure things are okay'** now that he and his mum have left the refuge. The specialist worker also made two **referrals** for him to a psychologist and to victims counselling.

John was aware that if he was a year older, he would not have been able to stay at the refuge and may have been separated from his mum, which he felt was unfair:

> I was like at the cut-off age where I'm just allowed into that place 'cause, I'm a male. And like, say, you're 15 and, you're a male, you wouldn't be able to go there. And, in some cases, they'd be separated from their parents. And, I feel like it's all bull. There just should just be more support, you know?

Cay described the support she received from the specialist worker. This included **assistance with re-engaging with school** because '*I haven't been to school in a couple of years, which I really need.'* The specialist worker got her a laptop for her studies and was helping to enrol her in the local high school. Other support provided included: **driving lessons** ('*she's paying for some driving lessons for me'*), **entertainment** ('*She also bought me two Luna Park tickets for my birthday*'); **Kmart vouchers** ('*so I could decorate my room a little 'cause, I haven't got anything*'). She said that the specialist worker tried to link her with **social activities** in her area to help her meet other young people, but that she never managed to go along. She also referred to support she and her nan received from another worker at the refuge (food vouchers and '*hotels when we were homeless'*).

Abigail had only met the specialist worker on two occasions. The first time was at her home when the specialist worker came to speak with Abigail and her mum: "*I think they were talking about stuff that I could get into, like hobbies. She made me fill out this form thing, I don't really remember what it was about*". She said that the specialist worker brought **toys and a jigsaw puzzle** for her and her siblings. She also said that the specialist worker **provided her phone number** if she ever needed to get in contact. She had not called her yet, but when asked how it felt to have the number, she said "*It's always good to have like a back-up. I think it will be good that I have her number".* Abigail also mentioned that the specialist worker had mentioned that she would try to get the family a season pass for an amusement park (**entertainment**). The second time they met, the specialist worker **accompanied Abigail and her mum to the police station so that Abigail could make a report**. When asked how it made a difference having the specialist worker with her, Abigail responded:

> It's kind of different when I'm by myself and doing stuff, it's just easier when someone's there, like they're kind of saying, I can help you if you want me to.

4.2 Safety

Only one of the young people spoke about safety explicitly. When asked if being in the refuge was helpful for his family, Negus responded '*Oh yeah, 'cause like we were somewhere safe we could stay and like ea*t.'

4.3 Improved personal wellbeing

Cay said that the specialist worker gave her two Luna Park tickets so that she and her boyfriend could do something nice for her birthday *('So, that really helped us and, helped my birthday be much funner than it was*.'). She described the impact of being able to buy things to decorate her room (candles, posters, a lamp):

> It made me happy because, like, I used to live with my mum and, she didn't – we used to live in, like, crap houses and, stuff. So, we couldn't really keep the house nice and, clean. And, I'd always have to share rooms, so… It made me feel like a child again, like, happy.

She described how being supported by the organisation had changed her outlook on life to a degree: 'It just tells me that there's people out there that actually care for you and, if you need help, you can speak up.' John made a similar comment*: 'D*on't be afraid to ask for help, you know, 'cause, it's sort of like, it's what they're there for*.'*

When asked about how the support had made a difference, Abigail's response centred on how the support had '*really helped [her] mum*' rather than herself:

> **And so when you see that your mum is being helped, how does that make you feel?**
>
> *I wish I could help in some way, but I can't*.
>
> **I'm sure you're doing a great job, you sound like a really smart kid, but does it make you feel better knowing that your mum is being helped?**
>
> *Yeah*
>
> **Yeah, can you tell me a little bit about that, just how it makes a difference to you and how you feel?**
>
> *Well, mum is always really stressed, so it's just good for her to have a little bit of extra help, because usually when mum starts doing something, she struggles with motivation sometimes, so when she gets a push from someone else, like just a little bit, it helps a lot because then she can actually figure stuff out better and like do stuff better.*
>
> **Sure, and what difference does that make for you? How does that make you feel?**
>
> *Better about mum.*
>
> **And how about for yourself?**
>
> *I don't really know.*

Abigail was not really sure whether it was the specialist worker or other staff at the service that were helping her mum, but her response highlighted how seeing her mum being supported made Abigail feel better about her mum, even though she could not articulate what difference it made for her.

4.4 Summary

These interviews with the children and young people highlight their different circumstances and needs and the types of support provided. Negus did not identify any support needs and he reported having little interaction with a specialist worker beyond engaging in social activities they arranged. John's account highlights a range of support needs that the specialist worker addressed through regular case management sessions focused on his wellbeing, referrals, providing education support and finding social engagement opportunities for him. Cay's account covered a range of supports that the specialist worker provided, such as helping her to reengage with school and social opportunities that were

highly valued. She also described feeling happy because the specialist worker provided her with vouchers that allowed her to buy nice things to decorate her bedroom – comforts that she had not had before. Although Abigail had only met the specialist worker twice, she appreciated the specialist worker accompanying her to make a report to the police and providing her phone number if she ever needed to make contact. Abigail's account also highlights how children and young people are affected by their mother's support needs. Abigail recognised that her mum was functioning better because she was receiving support which made her feel better about/for her mum. These interviews suggest that the specialist support for children and young people contributed to their improved wellbeing.

5 Contextual findings

While the evaluation was designed around the outcome-focused questions presented in Section 3, many additional themes relating to service need, implementation, and recommendations for the ongoing delivery of the SWCYP service emerged during the focus groups with key stakeholders. These thematic findings highlight how the selected providers used the SWCYP funding, perceived the benefits of the funding, and experienced challenges implementing the service.

5.1 How did services use the SWCYP funding?

Key points:

- All services employed caseworkers or specialists (e.g., counsellors, social workers, psychologists, occupational therapists, and speech therapists) with experience working with CYP and/or working within the DFV sector.
- It took services time to work out how the specialist worker role fit into their existing service.
- While prioritising the needs of CYP, specialist workers and service providers emphasised the importance of working with the CYP's mother.
- Specialist workers supported CYP by helping them to enrol in or re-engage with school; supporting them through a range of therapeutic and social activities in the refuge; and making referrals for urgent and more routine health matters.
- Some used the funding to build their service capacity (e.g. training, developing resources).

The SWCYP funding was sufficient for 2-3 workers (depending on wage rates) and the focus group discussions highlighted how they used it in different ways. This was influenced by a range of factors including: the size of their organisation, their existing staffing profile, other in-house services they had[13], local service gaps, ability to recruit new staff with the skills required, and the needs of CYP presenting to their service. Some service providers referred to particular models of support or frameworks they were following and all emphasised the trauma-informed nature of their work.

5.1.1 Employing child-focused specialist workers

Program funding was used primarily to employ caseworkers with experience working with CYP and/or working within the DFV sector. Services recruited individuals with a range of backgrounds and specialist skills including counsellors, social workers, psychologists, occupational therapists, and speech therapists. SWCYP-funded positions were often recruited internally from existing staff. This was because the funding could only cover a 12-month position, and managers felt that an existing staff member would be a good fit for the

[13] For example, one provider spoke of having a clinical team, a crisis women and children's counsellor, and AOD counselling within their service.

role. Some services used the funding to employ staff with different areas of focus. For example, one service provider employed CYP workers who ran activities for families in the refuge, while the other caseworkers undertook more intensive casework with the CYP. Service providers highlighted that how services used the funding would impact the outcomes for the CYP they worked with; however, the focus of their role was working directly with the CYP on goal setting and making sure their needs were met.

A service provider recruited two specialist workers with extensive experience in '*the support of children in a therapeutic space*'. They worked with caseworkers who were supporting mothers in the service's crisis accommodation and transitional accommodation. They felt that it was critical to continue working with families in transitional accommodation as CYP would '*get most benefit from access to these workers'* over a longer period than they could in the refuge/crisis space. Similarly, another service provider reported their funding allowed them employ two specialist workers – one a social worker and one a psychologist – both of whom had experience working with CYP. They worked directly with the CYP '*in whatever way was useful', adding* '*it did include the mother, of course – it was parent-centred*'. The specialist workers focused on the CYP's individual needs and were involved in a range of practical activities: '*Hands-on stuff, knocking on the doors of a morning sometimes and getting the kids' bags and getting their breakfast ready*' (Specialist worker).

One service provider described how they used SWCYP funding '*to leverage for other funding*' from a philanthropic donor and NSW Health. This allowed them to employ four CYP workers and a program lead, with the SWCYP funding covering two of the CYP worker roles. Two of these workers were Aboriginal and all had experience working in the DFV sector. These positions were all filled by existing staff because they had all been trained in a DFV-informed practice model '*to make sure we started very strongly*'. The service provider described the model as being strengths-based and focused on identifying what the mother did to protect her children and empowering her to support her child to recover:

> That doesn't have to be professionalised, you know all the research tells us that children do well if they've got one protective parent, and building up that protective parent, you know that's going to be there for the journey is a very important opportunity.

Service providers described how it took them time to work out how the new specialist worker role fit into their service and worked alongside their existing staff – a process that developed and evolved over time. One spoke about how their service had to try to bring the specialist worker team together with their existing casework team and that it was now working very well despite being a bit 'clunky' in the beginning. Others described how the specialist worker role had become successfully embedded in their service over time:

> I wouldn't say that we're a well-oiled machine, but we're getting there. Certainly, people are more clear now and that expectation of the role, which is to meet the needs that are presented to you, and I think for caseworkers whilst we had some clearly defined information around that, like the guidelines and position descriptions and things like that, the 'what does a day in the life of a SWCYP caseworker look like?' question came up a lot. And, you know, a lot of that does come back to meeting the needs that are presented to you. So it's not going to look the same today as it will

> next week or next month when it's a different household or what have you. (DFV service manager)

5.1.2 Supports provided by specialist workers

The specialist workers provided practical support to CYP. For example, they **helped CYP who had poor school attendance** by ensuring they got to school, sometimes by helping them establish morning routines of getting up at the same time and getting ready for school, walking with them to school, and aiming to keep their attendance above 40% '*because that's when the school needs to… report to DCJ*' (Specialist worker). They also accompanied the CYP and their mother to meetings with the school, liaising directly with staff.

> If we can get in contact with the principals, they often will help support that family ongoing. Uniforms, lunches, they'll cover the cost of big excursions, so the children aren't missing out so it's not such a barrier for them. (Specialist worker)

They also engaged with school nurses to address the CYPs' health needs.

Therapeutic approaches were based on a number of models. Workers talked about the Safe and Together model, therapeutic play, age appropriateness, approaches to managing behaviours, strengths-based approaches, and trauma-informed approaches.

The specialist workers **engaged CYP in a range of activities in the refuge**, upgrading the facilities to offer '*more play, more activities, lots of things to keep them stimulated so that mum had a little bit more time to engage with case managers*' while the specialist worker could focus on the needs of the CYP. They also used structured play activities in a therapeutic way, for example using sand tray play '*where we'd be playing with figures and talking about family*'. Specialist workers also **involved the mother in the activities they did with the child**. They modelled age-appropriate play for mothers and also techniques for managing behaviours as '*parents … realise that the form of discipline or whatever they're doing, which has been normal for them, is obviously the wrong thing, but they really don't know*'.

One service provider reported the SWCYP funding enabled them to employ two specialist workers and they used a framework developed for children and adolescents who have experienced complex trauma as the basis for their case planning. Their specialist workers ran a weekly activities program for the children to which mothers were invited: '*This allows workers to observe the children during play therapy and identify behaviours and work with mum to support the children, including appropriate referrals'*. (Service manager)

The specialist workers were able to **connect the CYP to specialist supports and brokered relationships of referral** to medical specialists, speech pathology, occupational therapy, dentists, NDIS supports, and other services. Specialist workers in regional areas spoke about the struggle to access GPs where their 'books were closed', and huge difficulties accessing referrals to a psychologist or paediatrician (*'That's a very long process').* Stigma around mental health meant some clients did not want to go to a mental health service, and/or were put off by the long wait times. Specialist workers could act as a '*stepping stone*' as one put it: *'There's still so much stigma around mental health and*

accessing those services. I think a lot of my clients didn't know that I was initially a counsellor, so we'd had a lot of interactions, but then when I said I was the counsellor, [the client] was like, "I didn't know!"".

5.1.3 Building service capacity

Some service providers also used the funding to build their service capacity. One described how they sought to maximise the benefit of what they thought would be one-off 12-month funding by developing resources (on CYP-centred practice in crisis accommodation) and trained their crisis accommodation workers as a way to embed '*the learnings of the last 12 months*'. A DCJ staff member reported that a service that had struggled to recruit a specialist worker used their funding to bring in a specialist for a short period of time. The specialist trained staff to deliver some of the programs the specialist would normally run, albeit with some limitations on what the trained staff could do.

5.2 Filling a service need

Key points:

- Many services were supporting CYP prior to receiving SWCYP funding, but not to the extent or depth the SWCYP funding allowed.
- The SWCYP service is filling a critical service gap.
- Many DCJ staff believed the SWCYP funding should be extended to all refuges.
- There was consensus that SWCYP funding should be incorporated into the Specialist Homelessness Services funding package.

The need for specialist support for CYP affected by DFV was well-recognised by the sector long before the SWCYP funding was made available. Many service providers already had some level of support for CYP in place using other funding or through partnerships with other providers, although not to the extent or depth that the SWCYP funding allowed. As noted by one DCJ staff member: '*People are used to the system catching up with what's been identified, they're all very, very, very experienced players in the sector'*. Some service providers spoke about having funding for dedicated child support workers prior to the *Going Home, Staying Home* reforms that ended that dedicated funding: '*And we had no option but to try and incorporate it with limited success really because the capacity to spend the time that's needed on individual children as being clients in their own right just wasn't able to happen'*. One service provider regarded the SWCYP funding as '*a mild restoration of what used to be there 10 years ago'*. This was echoed by a peak body stakeholder who referred to the loss of specialist CYP expertise following the *Going Home, Staying Home* reforms and the need to reinstate these workers.

The consensus among DCJ staff and service providers was that while the SWCYP service was **filling a critical service gap**, many **providers were still struggling to meet demand** because even with the additional funding, they could still not support all the children who require support. DCJ staff were also aware of many services trying to work out how they

could retain the specialist worker role if the funding was discontinued: '*They were looking at using funds they acquired through donations and fundraising to continue on with those workers because it would have left too much of a gap to remove them'*. Most DCJ staff said they were aware of positive outcomes for CYP as a result of the support from the specialist workers. Many spoke of the critical need for the service and felt that it would be disastrous to discontinue it, with one stating '*I'll fight tooth and nail for [it to continue*]' (DCJ staff).

A widely held view among DCJ staff and service providers was that **SWCYP funding should be incorporated into services' SHS funding package**. For some DCJ staff, the SWCYP funding was the first time they had seen dedicated funding for CYP affected by DFV (the main reason CYP access homelessness services). While the funding to date had been allocated to priority refuges, many felt that it should be extended to all refuges '*because it's just a no brainer*' (DCJ staff).

Other DCJ and peak body stakeholders also echoed **the need for specialist workers for CYP**. One believed the funding of specialist workers for the 20 priority refuges was '*an important first step*' but that ultimately there should be specialist workers in all DFV services. Several stakeholders referred to the *National Plan to End Violence against Women and Children 2022–2032* and the importance of focusing on CYP, **particularly unaccompanied CYP**. One expressed frustration that the SWCYP service was formally available to accompanied children only. They made the point that a significant proportion of unaccompanied children leave the family home because of DFV and are often more vulnerable than accompanied children.

5.3 Recognising CYP as primary victims of DFV

Key points:

- SWCYP funding was welcomed as acknowledgement that CYP are primary victim survivors of DFV.
- This recognition lifted the status of CYP casework.

Specialist workers, service providers, DCJ staff and peak body stakeholders welcomed the SWCYP funding as acknowledgement by the system that CYP are victim survivors of DFV in their own right. They felt that it was acknowledgement that the trauma associated with witnessing and/or experiencing DFV can affect CYPs' relationships and attachments, lead to self-harm, substance use, risk taking behaviour, and mental health issues and that specialist support is critical. Having a specialist caseworker dedicated to addressing the CYPs' needs was considered to be critical. As noted by a specialist worker, CYP '*need to have their own individual intervention, separate from mum…with a support plan. We allow them to have access or greater access to services which they've needed, which maybe they didn't have before and that's around medical, education, enrichment activities.*

Service providers described how prior to receiving the SWCYP funding CYP '*were just sometimes incorporated into mum's case plan*'. Other service providers reported having dedicated workers for CYP prior to the SWCYP funding, but not to the extent that the

SWCYP funding allows. Service providers spoke about how the SWCYP funding enabled them to focus more intensively on CYPs' needs. Instead of making '*quick referrals*', the funding allowed caseworkers '*to walk alongside the client through that journey*.' They reported that the SWCYP service enabled them to identify issues that they would have missed before.

One service provider made the point that the funding of the specialist worker role gave status to a CYP-focused role that was traditionally undervalued. They commented that existing caseworkers agreed to move into the specialist worker role on the condition that they would be able to move back to their adult-focused casework role when the funding ended, but none of them wanted to move back: '*And I think that's a really important thing going forward, that it's not just seen as child minding, you know that we have a model of working and that it is recognised as important and skilled work*.' Other service providers agreed that the funding lifted the status of the work and allowed specialists to bring their trauma-informed expertise to the role.

5.4 Enabling CYP-focused support

Key points:

- SWCYP funding provides CYP with dedicated and more intensive support.
- Specialist workers provide CYP-appropriate support.
- Specialist workers often need to work with the CYP's mother.
- There is consensus that the specialist worker role needs to be retained.

Prior to receiving the funding, all service providers supported CYP as best they could. With SWCYP funding, **services have broadened their capacity to support CYP** by providing them with their own caseworker who can provide more intensive support.

DCJ staff described how SHS providers have always attended to the needs of accompanied CYP; however, **CYP have traditionally been regarded as secondary clients with the mother being the primary client**. Further, as SHS services are focused on safety and housing and are under significant demand, they rarely have capacity to focus on *'healing processes after that immediate intervention'*. The consensus was that SWCYP funding has permitted SHS providers to prioritise CYP needs. This was welcomed by all DCJ staff who wished to see this funding rolled out across the sector.

Service providers spoke about the need for specialist workers as **casework with CYP is very different to casework with adults**. With adults, the caseworker can set a time to meet and focus the discussion on goals and planning. Service providers commented that CYP need to be engaged differently depending on their age, sometimes through play, using different language, activities, and modes of engagement (one-on-one or group activities): '*so all their needs and voice come out in different ways. It's not in this set time and meeting'*.

Service providers believed SWCYP funding enhanced their service capacity and enabled them to provide more specialised support for CYP. One service provider said they supported

many CYP with autism and complex needs; the funding enabled them to employ a social worker with disability and youth experience to provide case management support that they did not have the resources to provide before:

> It's just totally changed the service we provide. It's gone from someone that helps with babysitting and playing games to a specialist person that can provide early intervention sort of support and ongoing transitional support. (Service provider)

While valuing the dedicated funding for CYP support, some providers wished to emphasise that **supporting the young person often meant working with the mother**, particularly around repairing their relationship that had often been fractured by their DFV experience. The specialist worker worked with mothers regarding their child's behaviours as *'often they would have some concerns about behaviour and wondering what's normal, what's not normal… for some of the mums and kids, that was an ongoing conversation, what's been happening recently, how have you been responding, what can we try different next time?'* A recurring theme throughout focus groups with the specialist workers was their education function, modelling alternative ways to manage CYP's behaviour and helping mothers recognise and be credited for positive engagement with their children:

> Mums feeling like they were actually being engaged with respectfully… the conversations that I was having with mums was reflecting back their positive parenting capacity and often them not having had that feedback before. Just like really simple things, just saying 'I spoke with this child and they said they really love it when you do this, and that's like a really wonderful thing that you do' and just being a positive mirror. And, I think for a lot of the mums coming through the refuge that has been really absent with their parenting experience. (Specialist worker)

The majority of DCJ staff reported getting extremely positive feedback from service providers about what they had been able to achieve with the funding and that it '*has demonstrated really significant changes and outcomes*' over the 12-month funding period. The ability to focus more intensively on CYPs allowed specialist workers to work with schools, work with mums, and move beyond just addressing material needs to focus on 'the therapeutic end' (DCJ staff). A peak body stakeholder similarly emphasised the importance of the therapeutic focus of the specialist worker role. One DCJ staff member reported that other service providers appreciated there being a service/role that responds to children's needs:

> How much this service in 12 months has proven and how much they have worked with the children and how much difference we have seen with the sector and how much feedback we have received from the other providers and in education settings, how much they actually appreciate that we have something that responds to children's needs.

Service providers described how the **uncertainty around ongoing SWCYP funding made service planning difficult**. They underscored the need for and value of the SWCYP role/funding. Most services had begun exploring how they could sustain the role beyond the initial 12 months, with one service reporting they began actively advocating for ongoing funding 4–6 months before the initial funding was due to expire.

5.5 A holistic, trauma-informed, and preventative response

Key points:

- There was consensus SWCYP funding enabled services to provide a holistic, trauma-informed, and preventative response to CYP affected by DFV.
- The specialist worker typically worked alongside the mother's caseworker; how this operated varied by the age of the child and their needs.
- The SWCYP enabled the mother to focus on addressing her own needs knowing that her child's needs were being addressed by the specialist worker.
- Service providers highlighted the interconnection between the support needs of the CYP and their mother.
- The fractured relationship between the mother and child due to DFV was a key focus of the specialist worker's work – supports were strengths-focused and empowering.
- Families were generally receptive to receiving SWCYP support, but services had to offer it in a sensitive, non-threatening way as part of a suite of supports.
- For cultural safety and trauma-informed reasons, some services avoided using the word 'specialist' when telling families about the specialist worker role.
- Intensive SWCYP casework support was about providing early intervention and ideally preventing problems from escalating and breaking intergenerational cycles of violence and potentially reducing future service use and contributing to cost-savings.

5.5.1 Holistic services

There was consensus the **SWCYP service allowed services to provide a more holistic response to women and CYP affected by DFV**, enabling a caseworker to focus on the mother's needs and another caseworker to focus on the CYP's needs. Many service providers said it took staff some time to work out how the roles would work together, but that the addition of the SWCYP funding allowed them to provide 'a united front':

> Mums come into the service with their own trauma, more often being generational trauma. The refuge offers families a safe and welcoming environment to heal, and to get grounded. The SWCYP workers provide opportunities to engage with and form relationships with the children and to support them to thrive, while allowing mum time to attend to her own personal needs with the SHS caseworkers. (Service provider)

Similarly, another service provider described how supporting CYP meant working '*very closely with the mother as well as working with the children*'. They described how SWCYP funding had enabled them to work more intensively with children than they had been able to previously: '*I suppose what it's really done is.... it's allowed us to do deeper work, do it for a longer time'.*

The **model of a specialist worker working alongside the mother's caseworker was regarded as important** for helping '*to support the mum in picking up that responsibility'*. This was echoed by another service provider who noted that having specialist support for

CYP gave mothers confidence in knowing her child/ren's needs were being addressed and allowed her to start addressing her own needs:

> Most mums want to make sure that their children are OK and for them to know that their child has a specialist worker allows them then the space and the permission to go on their own journey of what they need themselves.

Similarly, a peak body stakeholder spoke about the mental load that many women who enter crisis accommodation are dealing with when leaving an abusive relationship, needing to find safe accommodation, and often dealing with police, courts, or child protection services. The specialist worker plays an important role by focussing on the child's needs, giving the mother space to focus on her own, and working to help rebuild the mother–child attachment.

Many service providers spoke of the importance of working closely with mothers when supporting CYP and getting her permission to partner with her to work with her child at the beginning. They noted that how this occurs **varies by the age of the child**, and that, with younger children, much of the work is focused on building the parent/child attachment. With older CYP, workers navigate the space between keeping the mother informed and giving the CYP space to discuss matters in private.

> So if you have a 14 year old, they have their own choices and they need to be seen as their own entity as well. So you know, the children's workers would be working with a teenager and mum together. You know, some things are going to be with mum together and then some things are like, Oh okay, I'll take you down the street, you know. We can show you around. You know Mum might come the first time, then the second time the children's worker might take the child down. So they're constantly checking in with Mum because Mum's got to follow through with these things that we're doing with the kids. (Service provider)

At the same time, service providers noted that all situations were different and required individualised responses.

Specialist workers believed the service fulfilled the needs of the CYP who had not been caseworkers' specific focus prior to the SWCYP funding. The **specialist workers allowed mothers to attend to their own needs and engage with their own caseworkers**, and **allowed the CYP to be the focus of the specialist workers** who were able to support their specific needs and goals.

5.5.2 Trauma-informed services

The service specifications list three objectives for the SWCYP service, the second of which is to: '*Provide direct services to children and young people that are trauma-informed, family centred and culturally appropriate'*. The discussions with specialist workers, service providers and DCJ staff touched regularly on **the need for trauma-informed responses when supporting women, children and young people affected by DFV**, although it was unclear how different services defined 'trauma-informed practice' or the level of trauma training/qualifications staff had.

Service providers offered a range of **examples of how the trauma of DFV manifested in CYPs' lives**. Most often, they spoke about how experiencing and witnessing DFV fractured the relationship between the mother and child and that repairing the relationship and attachment was a key focus of their work, with specialist workers and the mother's caseworker working together. This highlights the interconnection between the CYPs' support needs and their mother's, and the need to work with both whilst also giving the CYP their own space to address issues that are important to them.

> That relationship with mum was really stretched because of the perpetrator… so he'd also turned the daughter against mum. So there's a lot of repair work that we have to do. Doing that work alone with that young teenager and not including mum would have actually reinforced what the perpetrator had already done…. but it's also complex too, because [the daughter] needs her own independence and discussion with the caseworker. But it always needs to be linked back to mum.

Another service provider gave an example of an 8-year-old boy who was '*basically telling his mum to F off and that she was a dirty blah blah blah because that's what he heard the perp, his father, say*'. The service provider said that in the past they would have referred him to a behaviour modification program with a psychologist, which they acknowledged might be necessary, but that working in a trauma-informed way made them begin with a focus on repairing the child's relationship with his mother:

> What's the best way of doing [that], talking with him on his own? Maybe, but you need to have both of them together in the room to really do that work, and … to really repair. We're not talking about doing counselling, we're talking about how do we put in supports to repair their relationship. (Service provider)

Service providers described how **the terror of living with violence meant that many mothers did not have the capacity to engage with their children or attend to their needs** in a way that they might otherwise be able to. This was why many children were behind with immunisations, had never seen a dentist, or had speech delays, vision or hearing issues that had not been identified prior to engaging with the specialist worker. It was why many mothers and children displayed poor attachments and why many children had poor school attendance and achievement. Many children had behavioural issues that service providers recognised as a manifestation of the trauma of witnessing or experiencing violence. Some CYP were fearful and withdrawn, and some displayed anger towards their mother in some cases copying the violence of the perpetrator.

> We had a child that came in and she was two years of age and she'd never spoken a word, never uttered a word and she, she'd grunt and she had incredible tantrums… to the point where it just sent shudders through your spine. It was next level. She spoke her first words in our refuge after working with our speech pathologist and the other caseworkers that had worked with her as well and that was because of that trauma informed lens and understanding of the trauma she experienced.

> Their attachment's improving, that sort of lashing out, often at their mothers, you know, replicating the perpetrator's, behaviour, has reduced.

One service provider described how their specialist worker developed a workshop for a group of CYP to help them turn their anger to advocacy. They described how these 15–17-

year-old CYP who had been exposed to DFV were '*really angry at the world*'. The specialist worker helped them to choose an advocacy issue (e.g., reducing DFV, or protecting the environment), create an online platform, and make a protest banner.

> That specialist worker, somebody that was trained with a therapeutic base to be able to rechannel some of those things but do it in a group workshop to honour the connections part, was a really great outcome because it was something we could do in a short time.

The **specialist worker role allows the service to focus on the mother–child relationship and the impacts of DFV to a greater degree than before**. Operating through a trauma-informed lens enabled services to recognise the impacts of trauma on the mother–child relationship and attachment. A specialist worker spoke about how mothers came into the refuge carrying a huge amount of guilt: '*a lot of mums come in feeling like they've failed in some way. They weren't able to keep the family together, they weren't able to keep their house, and now "me and my children are homeless, I can't believe I've done this". It's a very common sentiment*.'

One aspect of working in a trauma-informed way was about being **strengths-focused and empowering mothers**. Some service providers described how some mothers felt guilty or responsible for their child's anger or behaviour and their disengagement from school. To counter this, service providers spoke about trying to help the mother recognise that they had engaged in many protective behaviours to keep their children safe and worked to help them understand how trauma can affect the brain and behaviour.

> It's having more time to actually be able to, you know walk with them and talk to them around that stuff. It also enhances their understanding of their children and their relationship there. Some women come to us and they've not even had a lot of time to actually play with their kids

> We've had women saying this is my safe place. This is the safest place either of us have ever felt.

Specialist workers emphasised the mothers' coping skills and gave them positive feedback for what they had managed to do rather than focusing on deficits: '*[we] work with mums and the children around identifying mum's strengths as a parent, and identifying the strengths in the kids as well, and what's working well… it makes a big difference*.'

A peak body stakeholder made the point that in addition to the trauma associated with living with DFV, **being in crisis accommodation is also stressful**; therefore, it is important CYP have a specialist worker focused on their needs.

Service providers reported that **mothers and children were generally very receptive to getting support from a specialist worker** and described how specialist workers were integrated into the suite of supports offered to families in an organic, non-threatening way. They were very aware of how overwhelming it can be for many mothers and children when they enter crisis accommodation and spoke of **the need to consider how the SWCYP support was offered** to them. One provider found that if they offered the SWCYP support after the mother had met with her caseworker, it became one more thing the mother had to

think about and there was less uptake of the SWCYP support. This led them to modify their approach and offer the CYP specialist support as part of a package of holistic support for the family '*where they've got mum's caseworker for lack a better wording and they've got the SWCYP worker that can work in conjunction to do the initial orientation*'. Another service provider described operating in a similar way by trying to ensure the specialist worker was simply part of the package of supports available to families when they first entered the refuge. Some providers acknowledged that some mothers were fearful that engaging with a specialist worker might result in their children being removed from their care: *'so they don't want to be separated or someone separate seeing their children*'.

One service provider talked about **renaming the role for cultural safety and trauma-informed reasons to a 'family connections worker'** instead of specialist worker. They felt Aboriginal mothers would not engage with a specialist worker under the service name. Another service provider reported that while staff used the title 'specialist worker for CYP' among themselves, they avoided using the word 'specialist' when speaking to families; they instead used the term 'CYP support workers' because '*so many people have this kind of well, we don't need a specialist, you know, we're not in that space, you don't want to overcomplicate things and frighten people off*.' They described how having the specialist workers in their crisis spaces allowed them to be become familiar with the women and children on site, introduce themselves, and build rapport. Similarly, another service referred to their specialist workers as 'family support workers' because 'the model that was developed by our specialist workers was parent-centred and trauma-informed.'

5.5.3 Preventative services

Many specialist workers and service providers thought the intensive SWCYP casework support was about providing early intervention and ideally **preventing more serious problems from arising in the short and longer-term**, and even **potentially breaking intergenerational cycles of violence**, thereby reducing the need for services in the future.

> So you're tapping into almost some of that not prevention work, but… I think you're decreasing that likelihood that we'll see them back through our services because we've only been able to flick that referral, point them in that direction, when this time we're holding their hands.
>
> Having these children's workers, it's starting that early intervention, prevention work to hopefully stop the cycle of violence again.

Another service provider also spoke of the cost-saving role specialist workers have through their focus on re/building the mother–child relationship after the damage caused by their DFV experience. By focusing on re/building the relationship, specialist workers could play a role in preventing child removal or enabling child restoration, thereby reducing pressure on the service system.

> The challenge is the lack of understanding by government on how many children come through our services, where child protection is involved and the role that women's refugees play in the restoration of children that have been removed or the

prevention of children being removed and the economic costs of removal or being in out-of-home care and against the cost of funding children's workers.

Many service providers also spoke about assisting families to make child protection reports. One provider spoke about how they had discussions with child protection workers who felt the SWCYP service was helping to keep children safe because it focused on attending to the child's needs.

5.6 Service implementation challenges

Key points:

- The initial funding announcement was sudden, and services were given 12 months to implement the role and expend the funding.
- The 12-month funding made it difficult for services to recruit for the role, particularly in regional areas.
- Without any assurances about ongoing funding, many specialist workers found other employment before the 12 months elapsed.
- Services were unhappy that they were only informed a week before the initial funding ended that the SWCYP service was being extended for a further 12 months.
- The consensus view was that the role needed a longer implementation phase (2 years minimum) to give services time to recruit, embed the role and assess effectiveness.
- Service providers appreciated the flexibility of the service specifications, but some wanted more direction about DCJ's expectations.
- Service providers, particularly those in regional areas, were disappointed that SWCYP funding could not be used for brokerage.

DCJ staff and service providers highlighted a range of implementation challenges services faced in using the SWCYP funding. The consensus among both DCJ staff and service providers was that the SWCYP funding announcement in April 2022 was sudden ('*this came out of the blue for us*', DCJ staff member) and left little time for services to plan how they would use the funding within the specified 12-month timeframe. Originally, the funding was to be expended by 30 June 2023, with services subsequently given approval to carry any underspend into the new financial year. In June 2023, a 12-month extension of this program was announced, allowing service delivery to continue until 30 June 2024.

5.6.1 Short-term funding

The aims, objectives, and parameters of the SWCYP service were developed by DCJ's Youth Homelessness Pathways team within the confines of Commonwealth Government approved uses for the funding. When funding was suddenly announced by the Commonwealth government, DCJ Commissioning and Planning staff had to work with providers to discuss how best to use the funding. DCJ staff reported that many services had to rush the implementation of the specialist worker role because of the 12-month timeframe

in which they had to spend the funding. They reported that it took some services several months to recruit for the role, leaving them little time to integrate the role into their service. Several DCJ staff felt that it was important that this current evaluation considered this lag between funding announcement and service implementation. Some DCJ staff were frustrated the funding parameters did not allow for any lead time to consult with services about how best to use the funding. Some providers indicated that they had concerns about their ability to recruit and use the funding by June 2023.

The consensus of stakeholders who participated in this evaluation was that the **period of funding needed to be longer** (2 years minimum, or ideally 3 years) to allow services to work out how best to incorporate the role into their existing service, to provide enough time to recruit appropriate staff, and to allow time to assess the effectiveness of the role:

> And I just want to concur with [name] and [name]. Here we're used to saying, one year is a taste, two to three years is a test. You know, you really do need that time. (DCJ staff)

Some staff regarded the funding as 'a testing ground' for services to use the funding as effectively as possible for this target group. At the same time, staff wondered whether the data that services were collecting could determine the effectiveness of the SWCYP service: *'there's just so many insufficiencies there that we need to account for*'.

Some service providers also commented that they would probably have used the funding differently or more strategically if the original funding period was for 2–3 years. Many felt frustrated the funding was initially only for 12 months given the effort involved in establishing the role:

> We actually found the injection of funding very exciting, and I guess obviously, like everybody else, found it a little bit rude that it was a 12-month thing since it takes so much time to try and establish something. (Service provider)

5.6.2 Recruitment challenges

DCJ staff were aware that services struggled to recruit suitably qualified personnel for the role because the SWCYP service funding period meant that they could only offer a 12-month contract. This was particularly challenging for regional and remote services that had few, if any, locally-based specialist staff:

> You could have gone and had a conversation with a psychologist and said, 'Would you come to Far West if we were able to offer you four years employment?', but to expect somebody to pack up out of Sydney and to come to Broken Hill for six months? It's just not ever going to happen. (DCJ staff)

One DCJ staff member described how a regionally-based service tried to address local recruitment challenges by bringing in a specialist to train existing staff at the service to deliver some of the programs required of the specialist worker, all the while noting the limitations of this approach: '*trying to work out… the limitations…to what the staff can and can't do has been a little bit tricky*'. A further recruitment challenge for services operating in

remote/regional locations was that they were competing with other local services to engage staff from a limited pool of suitably qualified staff. One recognised, '*that was going [to] cause some consternation across our region and for our other providers that were looking to engage specialty workers as well'*. Consequently, the service provider could not engage the three full-time equivalent staff covered by SWCYP service funding.

Even when services did manage to recruit staff to the role, DCJ staff noted that they started looking for other work before the end of their contract and often left before the end of the funding period. In some instances, service providers offered their specialist worker alternative permanent roles within their service because they wanted to retain their expertise after the SWCYP funding expired. However, the services were then left in a difficult position when the last-minute funding extension for 2023–24 was announced; if they wanted to try to retain the individual in the specialist worker role, all they could offer was another 12-month contract:

> If they had a vacancy in there... they were offering people a permanent position and so now we've got to July 1 and said, well... do we go back to them and go hey, do you want to give that up and become temporary again because we think you're better value in this square over here? (DCJ staff)

Service providers described how they lost valued, qualified staff because of the lack of clarity around ongoing funding and how this wasted the organisation's time and investment in new staff:

> You spend 3–6 months getting a person on board it into the culture and the values of your organisation... as well as the connection and rapport that they need within the teams. ...And then you lose all of that and you have to start all over again. So there's a real false economy of scale when we do this that doesn't benefit anybody quite frankly, not the funding body nor the organisation, or the children and young people.

The specialist workers reflected on the destabilising nature of uncertain funding cycles: '*I think the 12-month funding for something like a family support service is just ridiculous, recruiting someone that has those skills is so hard*'. Understandably, many started looking for other work before their contract ended: *'we lost one [staff] member and in part, it was a few months ago because it was only a 12-month contract. She had a mortgage to pay'.*

DCJ staff were very conscious that uncertainty around the continuity of SWCYP funding was difficult for service providers: '*This is…really stating the obvious, but it wasn't probably our greatest roll out of funding, you know, leaving it 'til day dot to let providers know that they were receiving another 12 months of funding*'. Additionally, DCJ staff recognised the ongoing uncertainty around funding was not just difficult for providers, but that women and children supported by the service were equally affected. This was echoed by specialist workers:

> It brought up some ethical questions as well, if we get a new client, for example, 2 months before the funding ends, how do you build rapport with a family and then only work with them for a very short period of time? I'm going to leave them, or move them onto another worker. That was hard. (Specialist worker)

Some DCJ staff sought to reassure their service providers at the district level that they would do what they could to ensure the continuity of the role, whether the funding was renewed or not, because they could see its value.

5.6.3 Service specifications

Service providers expressed mixed feelings about the SWCYP service parameters and funding guidelines. While all providers appreciated the flexibility of the service specifications, some felt they would have benefitted from more information about DCJ's expectations of how the service should be implemented. This was summed up by one service provider as '*defining what flexibility looks like*'. All stakeholders were clear that a 'one size fits all' approach would be inappropriate and stakeholders highlighted the need for SWCYP service design to be responsive to context and consider who they supported and their needs, the availability of other services and supports in the vicinity, their existing staffing profile, and other supports they were funded to provide.

> If given a choice I would absolutely say the flexibility is really important. But I think some guidelines on expectation would be important.
>
> I love the idea of us being able to be flexible with the funding, [but] when I think about flexibility, I kind of like the idea of the parameters of flexibility being defined a little bit though.

Instead of specifying how the service should look, one provider suggested DCJ could ask services to outline the evidence-based model they used and their capacity to deliver this model in a 'parent-sensitive, trauma-informed' way and monitor its delivery/outcomes. This would enable them to develop context specific responses and '*pivot to the needs on the ground and for their service in particular*'.

Some DCJ staff felt there was a lack of clarity from within DCJ around what SWCYP funding was aiming to achieve, which they felt would have helped inform their conversations with providers ('*There was no requirements that you need to see X number of children with this. What are the ages of those children? What are their family circumstances?*'). One DCJ staff member interpreted the funding specifications as targeting '*high level interventions with the kids that they wouldn't normally have access to*'. They assumed this was one reason why brokerage was not permitted under the service specifications, because '*it wasn't about just getting people off to a one-off, it was about that intensive stuff*'. Some DCJ staff reported that they struggled to work out the value add of the SWCYP funding where service providers were already supporting CYP. They reported querying whether less intensive forms of support such as art therapy, for example, should be funded by SWCYP funding or from another funding bucket ('*What is it you're actually adding and doing for the kids that you wouldn't have normally done under your current bucket of funding?').*

One service provider was disappointed that the service eligibility was for young people up to the age of 18. They sought approval to extend support as many of the young people they worked with were aged 16–24, but they were not given permission to work with young people over 18.

5.7 Brokerage

Service providers expressed frustration that SWCYP funding could not be used for brokerage. This was widely regarded by specialist workers, service providers, and DCJ staff as a major limitation for all services, but particularly for those in regional/rural locations where other local services had specialist staff that CYP would have benefitted from being able to access.

> One size fitting all is not the case and it made it very difficult for [the service] with the best of intentions and so much transaction costs incurred by them to try and come up with a creative way of back filling or pulling in staff here or doing all this sort of stuff when brokering from [service] would have met the intended outcomes of the program, i.e. better outcomes for children and young people who have been victims of domestic violence. (DCJ staff)

Other providers were frustrated they could not pay for services they knew CYP needed (‘*One of the real limitations was that like if we couldn't get a speech pathologist for instance, that we couldn't pay for that service as well.’, Service provider)*. This was echoed by a specialist worker who observed that even when they could refer mothers and children to specialists, parents often could not afford to pay for them.

> I think it would be really great if the program had two streams of extra funding, one for brokerage for the mums around any support that they needed for the children, and that would be assessment, speech, OT. They’re really expensive and our mums don’t have the money for that. We could make the referral… but that’s a systemic issue. We’re all frustrated with that.

5.8 Outreach support

There was consensus among specialist workers, service providers, and DCJ staff that the initial stipulation that the funding was only to be used to support CYP in refuge settings was too restrictive. In response to feedback from service providers, DCJ broadened the eligibility for support in November 2022 to include outreach support. Several service providers spoke of the need to continue working with CYP after they leave the refuge because they felt that the crisis refuge period is not enough time to support CYP, especially when they had only just started developing rapport with the CYP (‘*to cut it off because of where they're located just didn't make sense*’). Staff highlighted that a time of risk for women and their children was after they had moved out of the refuge, away from the supportive and communal setting, into a rental property often with little or no social or family support, where they experienced financial and other forms of stress. Outreach was critical during this time (up to 6 months after they had exited the refuge setting) to prevent any concerns from becoming crises and to maintain continuity of the relationships between the caseworkers and their adult and CYP clients.

Despite changing the service specifications to allow services to provide outreach support, some specialist workers and service providers appeared to be unaware of the update (‘*I would really like to push it to outreach for [NGO] with the other caseworkers to able to work with our clients in community. It's a real grey area, because even us going into transitional…*

technically we're not allowed to do it, because it's just for refuge.', Specialist worker). Other specialist workers reported feeling under-utilised by being 'confined' to supporting clients in the refuge (some of whom were stable and had lower-needs) and wanted to broaden their client base to those in not only transitional housing but in any form of tenure post-exit. They felt this would allow them to have greater impact and *'more achievements'* if they could have the flexibility to offer more outreach. Another specialist worker highlighted while the flexibility was positive, if things were structured differently *'we could have had one worker that did all the refuges and one worker that either did outreach or we could have had one who was a specialist, who was actually like a counsellor or something'* rather than having two generalist specialist workers.

An additional challenge for services noted by some DCJ staff was that some services' physical environment was outdated and not particularly child or youth friendly. DCJ staff felt that this should be factored into future service continuity planning decisions:

> I know that our service really struggled with finding appropriate space and they run a lot of workshops and groups from their office space like, you know, for the young people, they have outreach services there. So finding an appropriate nice…space that looks cool and you know acceptable for children, not just for adults. It was really a challenge, so it's really important … if we are continuing this, to factor in that the accommodation setting or … the office space…that's really important because it's visual for children.

6 Discussion

The analysis shows that **the SWCYP service is achieving positive outcomes for CYP and their families**. This is reflected in the CIMS analysis that showed improvement in the quality of CYP's housing from presentation to the end of their final reporting period. It is evident in the interviews with CYP whose accounts pointed to improved wellbeing as a result of receiving support from a specialist worker. The case studies also described a range of positive outcomes achieved for CYP relating to their physical health, education, social needs, mental health, emotional needs, safety, cultural needs, employment and family relationships. Additionally, discussions with service providers, DCJ staff and other stakeholders highlighted the need for and positive impact of the SWCYP on CYP outcomes, albeit while noting the limitations of the evidence base.

The consensus view among stakeholders was that dedicated funding is needed for Specialist Workers for CYP engaged with SHS. Indeed, some used the terminology 'no brainer' to emphasise that it should be considered a logical next step for the funding to be continued and incorporated into ongoing SHS funding. Everyone recognised the **need for specialist workers for CYP whether they attended an SHS alone or with a parent** (accompanied or unaccompanied). Specialist workers for CYP are required in crisis facilities, including refuges, other homelessness and accommodation services, and services supporting unaccompanied youth. Providing specialist support to CYP following DFV addresses the four domains identified in the *National Plan to End Violence against Women and Children 2022–2032* (Commonwealth of Australia (Department of Social Services) 2022): prevention; early intervention; response; recovery and healing.

Funding homelessness services to provide specialist support to accompanied children also enables a more **holistic, trauma-informed, and preventative response** to CYP who have experienced or witnessed DFV. It recognises CYP as primary victims of DFV and the need for CYP to have their own dedicated caseworker who can work separately, but also alongside their mother's caseworker. The case studies highlighted how the needs of CYP and their mother's needs are intertwined. The case studies and the discussions with specialist workers and service providers provided insights into how meeting CYP's needs was often dependent on supporting the mother to help her meet CYP's needs. The focus group discussions also highlighted how the experience of living with DFV can undermine the mother's parenting confidence and capacity and fracture the mother-CYP relationship, hence the focus on rebuilding it.

While all welcomed the SWCYP funding, it was widely acknowledged by service providers and DCJ staff that the **way the funding was rolled out was less than ideal and imposed disproportionate transaction costs on both the funder and services involved**. The initial announcement of the funding by DSS took service providers and DCJ staff by surprise. The extension of the funding by NSW Government for a further 12 months was announced only one week before the end of the first funding period. The **limited duration of the funding** also added to the challenges faced by providers in relation to recruiting and retaining staff – particularly in regional locations, where there was a limited pool of specialist

staff to recruit from. The 12-month funding duration meant that services could only offer short-term employment contracts and staff tend to look for other work if they have no confidence that funding will be extended. As a result, many services faced **challenges in recruiting and retaining staff** and were unable to deliver 12 months of services in the first year of funding. Staff departures affected continuity of services and supports for young people who could benefit from SWCYP support. A longer contract duration as well as more notice of renewals would save transaction costs for both funders and service providers and ensure continuity of staffing and service delivery (see Bates and Cortis 2023 for further discussion on commissioning services). These are factors that are likely to improve outcomes over time.

Service providers **appreciated the flexibility of the service specifications**. The discussions with service providers and DCJ staff underscored the importance of services being able to determine how they used the funding based on their existing staffing profiles, current programs, and critical service gaps in their area to ensure the SWCYP service was responsive to the needs of CYP attending their services. As such it is important to continue with flexible funding so that providers can employ experienced and qualified staff relevant to their particular service and client needs[14]. Nevertheless, while they appreciated the flexibility, some service providers were concerned about the unclear objectives or service logic and therefore struggled with capturing and reporting outcomes. For the most part, data capture was based on the SHS national minimum dataset which was recorded in CIMS and did not necessarily capture the outcomes from the program.

Both service providers and DCJ staff identified the **inability to use SWCYP funding for brokerage** as a **major limitation** for achieving outcomes for all services, but particularly for those in regional/rural locations. The amendment of the service specifications to allow for SWCYP funding to be used for **outreach support** was welcomed. Despite these implementation challenges, the provision of SWCYP funding was unanimously supported, with many calling for it to be rolled out to all SHS supporting CYP whether accompanied or not.

Embedding specialist workers across the service system requires **adequate resourcing and consultation with the sector**. Issues raised in the consultations with other DCJ and peak body stakeholders that should be considered include:

- The age range supported - up to 18, or 21
- The services in which specialist workers are located
- The need to specifically recruit First Nations workers
- The benefits of engaging workers with lived experience/peer educators
- The inclusion of unaccompanied CYP
- Responding to regional needs where there are fewer specialist services and recruitment challenges

[14] These staffing needs are likely to differ across services. For example, some may wish to employ psychologists, generalist caseworkers, speech pathologists, occupational therapists or other workers.

- Providing a holistic response and clarifying how different parts of the service system interrelate: including homelessness services, DFV services, child protection, education, and youth justice.

Community of practice: During the service provider focus group discussions, several participants spoke highly of a 'community of practice' forum established by one of the SWCYP-funded services. They took the initiative to establish regular meetings (approximately 3 or 4) in the first year of the service with other services to talk about how they were using the SWCYP funding, share ideas, and discuss what was working well. This was mentioned by several service providers who had attended the groups and who spoke of the value of being able to hear how other services had used the funding. Many also reported that they valued being part of the focus group discussion to hear what other services were doing with the funding and many supported the idea of establishing a more formalised community of practice if the SWCYP funding was to be continued. Equally, several DCJ staff spoke of the value of hearing from other DCJ staff about how they had worked with services to maximise the benefit of the SWCYP funding.

Engaging CYP in research: Engaging CYP in the evaluation proved more challenging than anticipated for several reasons. First, many service providers had not supported many CYP in the desired age range (12–17 years). Second, many service providers said they did not have capacity to support recruitment at the time. Third, some service providers reported that their SWCYP service had ceased when the initial funding ended in June 2023 and their specialist worker had left. Nevertheless, four young people were interviewed by October 2023. As per advice from service providers, all four had moved out of the refuge and/or were beyond crisis point. This meant that they were able to reflect on the support they had received. Additionally, all interviews were conducted by phone and this appeared to be a comfortable medium for the CYP. Three of the four interviews in particular highlighted how engagement with a specialist worker contributed to their improved wellbeing.

Future studies seeking to engage this cohort need to consider how recruitment of CYP could be improved. Consideration should be given to the age range of CYP that evaluators seek to engage. The CIMS analysis shows that 40% of SWCYP clients were aged under 5 and a further 40% were aged 5 to 11 years. These younger cohorts could be engaged in research using age-appropriate and child-friendly research instruments. Evaluators need to consider *who* is invited (age range), *how* they participate (research methods), *where* they participate (in the refuge, in transitional accommodation, online, phone), and *when* they participate (during the support period or weeks/months after). Consulting with service providers would be a good starting point for trying to answer these questions. Future evaluations might also benefit from including mothers' perspectives.

Overall, the evaluation helps to build the evidence base informing specific interventions for CYP affected by DFV and homelessness. SWCYP has helped to fill a gap by providing effective CYP-focused responses. Importantly, the program recognises CYP as primary victims of DFV who require trauma-informed, holistic, and preventative supports. It provides a basis on which to build and innovate to continue to improve outcomes for children and

young people. Clarity on achievable outcomes and data requirements will help to further build the evidence base.

7 Recommendations

Recommendations to enhance the effectiveness of the SWCYP emerging from the evaluation include:

Service design

1. Remove the word ‘specialist’ from the title of the role and consider alternatives such as Children and Young People Support Worker.

2. Establish a formalised community of practice for services to share ideas about using the SWCYP funding.

Service funding

3. DCJ should work to secure sustainable funding to continue to expand SWCYP to other women’s refuges that provide support to CYP and to evaluate implementation and outcomes.

4. DCJ should assess the risks and opportunities of incorporating SWCYP into core funding for all SHS-funded women’s refuges that support CYP.

5. Continue to allow services flexibility around how funding is used to ensure services are responsive to CYP’s needs, local context, and organisations’ existing staffing structure.

6. Allow funds to be used for brokerage for school-associated costs (e.g. school uniforms, excursions), and health and mental health specialist services, and for services based in regional locations.

7. Include funding for supervision and professional development for specialist workers.

Service contracts

8. Consider aligning funding to the SHS funding cycle allowing for sufficient time to achieve outcomes, giving greater certainty to services and their staff, and better continuity of client care through practice development and staff retention.

Outcome measurement

9. Establish what type of outcomes SWCYP funding is expected to achieve and develop a program/role logic as the basis for future evaluation.

10. Collect outcome measures at regular intervals (e.g. at entry/exit or every 3 months), and record (e.g.in CIMS). Outcome measures that could be included are:

    a. Personal Wellbeing Index – School Children (PWI-SC)

    b. The Child Wellbeing Index (WHO-5)

c. The Self-Efficacy Questionnaire for Children (SEQ-C)

d. Strengths and Difficulties Questionnaire (SDQ)

e. Needs being met, including educational engagement, and referrals to other services such as healthcare (including physical and mental health specialists), dental, optometry, speech pathology, occupational therapy, social, other.

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Appendix A Additional CIMS data

Table A 1 Time since last permanent address, by age of SWCYP client (%)

	Under 2 (n=135)	2 to <5 (n=181)	5 to <8 (n=139)	8 to <12 (n=179)	12 to <15 (n=92)	15 to <18 (n=64)	Total (n=790)
Not applicable	19%	23%	20%	24%	23%	23%	22%
< 1 week	34%	32%	39%	34%	33%	23%	33%
1 week to 1 month	23%	25%	20%	17%	15%	19%	20%
>1 month to 6 months	17%	13%	12%	13%	16%	19%	14%
>6 months to 1 year	4%	3%	4%	5%	3%	5%	4%
>1 year to 5 years	2%	3%	4%	6%	7%	5%	4%
<5 years ago	0%	0%	1%	2%	2%	0%	1%
Don't know	2%	1%	0%	1%	1%	6%	1%
Total	100%	100%	100%	100%	100%	100%	100%

Note: Data is for time since last permanent address, captured at presentation.

Table A 2 Main reason for seeking assistance from SHS, SWCYP clients (n=790)

	n	%
Domestic and family violence	395	50%
Financial difficulties	122	15%
Housing crises	77	10%
Inadequate or inappropriate dwelling conditions	46	6%
Relationship/family breakdown	34	4%
Housing affordability stress	31	4%
Previous accommodation ended	30	4%
Lack of family and/or community support	19	2%
Did not report a main reason for seeking assistance	11	1%
Other	10	1%
Transition from foster care and child safety residential placements	3	0%
Transition from other care arrangements	3	0%
Time out from family/other situation	2	0%
Transition from custodial arrangements	2	0%
Sexual abuse	1	0%
Non-family violence	1	0%
Mental health issues	1	0%
Medical issues	1	0%
Unable to return home due to environmental reasons	1	0%
Total	790	100%

Note: Data is main reason, captured at presentation.

Table A 3 SWCYP clients by age and District

		Under 2	2 to <5	5 to <8	8 to <12	12 to <15	15 to <18	Total
Central Coast	n	2	4	3	2	0	0	11
	%	2%	2%	2%	1%	0%	0%	1%
Far West	n	3	9	7	8	4	3	34
	%	2%	5%	5%	5%	4%	5%	4%
Illawarra Shoalhaven	n	9	15	14	15	7	4	64
	%	7%	8%	10%	8%	8%	6%	8%
Mid North Coast	n	2	2	2	2	2	1	11
	%	2%	1%	1%	1%	2%	2%	1%
Murrumbidgee	n	48	61	51	70	34	20	284
	%	36%	34%	37%	39%	37%	31%	36%
Nepean Blue Mountains	n	4	7	7	5	1	4	28
	%	3%	4%	5%	3%	1%	6%	4%
Northern NSW	n	0	0	0	0	0	1	1
	%	0%	0%	0%	0%	0%	2%	0%
South Western Sydney	n	0	2	0	0	0	0	2
	%	0%	1%	0%	0%	0%	0%	0%
Sydney	n	28	35	25	43	21	8	160
	%	21%	19%	18%	24%	23%	13%	20%
Western NSW	n	10	13	6	10	7	2	48
	%	7%	7%	4%	6%	8%	3%	6%
Western Sydney	n	13	20	15	10	6	6	70
	%	10%	11%	11%	6%	7%	9%	9%
Hunter	n	7	4	6	9	4	4	34
	%	5%	2%	4%	5%	4%	6%	4%
New England	n	9	9	3	5	6	11	43
	%	7%	5%	2%	3%	7%	17%	5%
Total	n	135	181	139	179	92	64	790
	%	100%	100%	100%	100%	100%	100%	100%

Table A 4 SWCYP clients aged under 18 who needed, were provided with, and/or were referred for various forms of support (n=790)

	Needed %	Provided %	Referred %
Other basic assistance	91	90	4
Advice / Information	89	86	5
Advocacy on behalf of client	65	64	3
Short term accommodation	63	52	13
Material aid	49	45	11
Assistance for domestic/family violence - victim support services-needed	43	38	4
Assistance for trauma	41	34	3
Assistance to sustain tenancy	40	39	1
Assistance with behaviour problems	38	35	3
Family / relationship assistance	33	30	3

	Needed %	Provided %	Referred %
Long term housing	32	2	5
Financial information	31	27	5
Living skills / personal development	31	28	3
Structured play/skills development	29	27	3
Medium term housing	28	10	4
Transport	26	25	2
Educational assistance	25	21	5
Other specialised services	24	22	3
Recreation	22	21	3
Childcare	20	14	5
School liaison	19	17	2
Meals	18	18	1
Child specific specialist counselling services	17	14	4
Child protection services	17	13	7
Health/medical services	17	11	8
Assistance with personal belongings	16	13	3
Laundry/shower facilities	15	14	0
Legal information	14	9	4
Mental health services	14	10	3
Assistance with government allowance	14	11	3
Specialist counselling services	14	8	2
Parenting skills education	14	11	5
Court support	12	7	1
Psychological services	9	6	2
Training assistance	8	6	2
Assertive outreach	7	7	1
Child contact and residence arrangements	7	5	2
Employment assistance	6	5	1
Professional legal services	4	2	2
Intellectual disability services	3	3	1
Assistance for sexual assault	3	3	0
Financial advice	3	2	1
Drug/alcohol counselling	3	0	0
Assistance to connect culturally	3	2	0
Culturally specific services	3	1	1
Family planning assistance	2	1	1
Psychiatric services	1	0	1
Assistance with immigration services	1	1	1
Assistance to prevent foreclosures	1	1	0
Assistance for domestic/family violence - perpetrator support services-needed	1	1	0
Interpreter services	1	1	0
Pregnancy assistance	1	0	0
Physical disability services	1	1	0
Counselling for problem gambling	0	0	0

Appendix B Additional data from case studies

B.1 Supports provided by specialist worker to both mother and child

Education:

- Support with childcare, local Aboriginal preschool, school, after school hours care enrolments
- Accompanying the mother to meetings with the school
- Accompanying the mother and CYP to school to discuss child's return to school following suspension. Worked with school to ensure that the school provided the child with the medication required during school hours
- Providing school with strategies to support the child, including an individual behaviour plan and learning support program
- Writing support letter seeking additional funding/supports for school
- Providing CYP with stationery (books, pencils, pencil cases), school backpacks, library bag, water bottle, school uniform, school shoes
- Advocating for CYP to receive free school uniforms
- Advocating for reduced/waived fees
- Advocating for counselling and peer support through school
- Support to re-engage with school
- Linking children with Aboriginal Education Officer
- Building strong relationships with local Indigenous preschool (with connections with speech pathologists, optometrists, and dentists) leading to priority spots being kept for children residing in refuge
- Support with transport to and from school/preschool
- Support to access Service NSW vouchers for back-to-school purchases
- Created social story booklet to assist child with starting school
- Assistance with reading activities and homework
- Access to fine motor skills activities at refuge
- Assisting CYP to gain access to university, including working out entry requirements and how to save up for the fee for an English language assessment necessary for admission
- Provided the mother and CYP with information about school breakfast program
- Provided support letter to access Early Learning Fund
- Supported with online learning

Parenting:

- Modelling parenting strategies for mother/grandmother
- Discussing potential triggers for behaviours of concern
- Discussing, identifying and working on family strengths
- Providing enrichment activities (incl. attending external playgroups) for child and mother to do together
- Providing transport and childcare to enable mother to attend parenting workshop
- Providing list of day care services in area
- Modelling interactive play
- Regular home visiting
- Support and information provided about:
    - child development
    - free local immunisation clinics

- strategies for managing challenging behaviour
- impacts of DFV on CYP
- positive behaviour management
- implementing structure and routine
- strategies concerning supervision and risk
- positive parenting
- the NDIS and the need for the mother to take child to appointments and answer phone calls and if unable to do that to let caseworker know.

Financial:

- Organised access to brokerage
- Organised access to *Active Kids* vouchers for football fees
- Supported mother to obtain childcare benefit through Centrelink
- Advocated and applied for childcare subsidy
- Assisted with applying for Rentstart Bond Loan
- Provided with financial counselling around managing money and paying off debt
- Provided with grocery vouchers
- Assisted with obtaining bank account
- Assisted mother with accessing financial support though Victims' Services NSW and Escaping Violence Payments
- Support to access Return-to-Work Grant (used to buy laptop & register for training through TAFE.

Family relationships:

- Support with relationships with mother/siblings
- Cleaner organised once a week to reduce family conflict
- Support with rebuilding parent and child relationship (through completing household activities, creating photos and preparing craft for the mother as gifts)
- Support to reconnect with biological parent
- Support for child to maintain safe contact with father
- Assistance with applying for birth certificates

Emergency food and living supports:

- Regular frozen meals provided to family
- Provided with pram, cot, blankets bibs, baby bath, baby sleep monitoring equipment
- Food, nappies, formula provided
- Furniture, linen, cookware, kitchen items
- Toiletries, sanitary products
- Laundry services and grocery vouchers provided

Social:

- Linked grandmother to support groups
- Provided opportunity for child to attend playgroup (in refuge and externally) for structured play/skills development/building positive peer relationships
- Social activities organised for CYP/family:
  - movies
  - theme park
  - zoo
  - pool party
  - beach
  - three-month swimming voucher

    - bowling
    - laser tag
    - picnics
    - three-month activity centre voucher
- Participation in social program/activities at refuge (e.g. MasterChef, art therapy)
- Provision of activity packs for family to use at home (e.g. *My dream room* template)
- Provided access to:
    - art therapy
    - school holiday program
    - free swimming lesson at local pool
    - free entry at local children's activity centre
    - attend gym, boxing, swimming, Youth Centre
- Advocated for reduced fees for CYP to join boxing classes (secured fee-free enrolment)
- Supported CYP to gain Learner's permit
- Provided transport to access services
- Texted mother reminders when social events for CYP are scheduled
- Researched nearest PCYC for family when they move to new location

Advocacy:

NDIS:

- Supported with NDIS application
- Advocated for expediated referral pathways for NDIS assessments
- Advocated for a reduced fee for an autism assessment
- NDIS-funded transport arranged
- Support to access School Travel Assistance program for children with disabilities

Housing:

- Support letter for priority housing
- Supported with a *Rent Choice Start Safely* housing application
- Supported to access transitional housing
- On waiting list for youth housing

Financial:

- Support letter to access additional childcare subsidies
- Supported to access legal aid
- Advocacy with other services for financial support
- Supported to access free counselling/play therapy through Victims of Crime compensation

Child protection:

- Supported mother to contact relevant government department to notify of child's sexual abuse disclosure
- Supported family to meet with DCJ Child Protection staff (Child Abuse Services Unit)
- Supported family to organise meeting for child to report concerns to Police Youth Liaison Officers/Child Abuse Services Unit
- Supported family to make a risk of significant harm report to DCJ

Other:

- Advocated for medication review
- Supported with visa and citizenship application
- Supported with applications to access Medicare

Safety:

- Safety planning with mother and CYP (including with parent and child around self-harming behaviour)

- Discussed child protection concerns with child and parent (including in relation to child's behaviour following contact with father)
- Discussed protective behaviours with mother with aim of increasing child's safety
- Home security cameras obtained for grandmother and grandson
- Assisted mother to book bus tickets after she disclosed that her and her child's safety had been compromised and that she had to relocate. Gave mother playdough, sensory balls, and crayons/pencils & art pad to keep child occupied on bus trip.
- Safety planning to enable children to visit paternal grandmother.

Health/wellbeing:

- Healthy eating patterns introduced/encouraged
- CYP involved with edible garden at refuge to learn about healthy eating
- CYP participated in a living skills program
- Liaised with Australian Immunisation Register
- Booked and attended appointments for NDIS assessments, collected documentation
- Accompanied mother to hospital for training on using oxygen support (for pre-term baby)
- Supported mother (vegan) to prepare balanced meals for children through weekly cooking sessions with family

Mental health:

- New mattresses provided to avoid re-traumatising children
- Punching bag purchased as an outlet for child's emotions
- Safety planning with CYP who self-harms
- CYP provided with advice on grounding strategies to help with emotional regulation and calming techniques (deep breathing, meditation, music, and journaling)
- Focusing on building CYP's self-esteem through a strengths-based approach
- Counselling provided by the specialist worker focussed on social and emotional learning
- Obtained mental health care plan
- Sourced culturally appropriate child psychologist
- Provided access to refuge-run group Dialectical Behavioural Therapy DBT sessions and support for CYP to express distress to mother

Housing:

- Mother and daughters supported with move – new quilts provided
- Supported with transition to private rental
- Crisis accommodation provided
- Assistance to access transitional housing including lease signing, bond loan applications and accessing rent advance

Cultural:

- Supported CYP to connect with learning Aboriginal language as a pathway to connect to culture
- Supported CYP to connect with community through Aboriginal Education Officer

Employment:

- Assisting CYP to update CV, cover letters and by doing mock interviews
- Providing assistance with job seeking

B.2 Services to which CYP are referred

Physical health:

- Speech pathology
- Occupational therapy
- Paediatrician
- Community Health Nurse
- GP
- Optometry
- Dental
- Aboriginal health services
- Dietician
- Hearing tests
- Sexual health screening
- First People's Disability Network Australia
- A holistic youth wellbeing program (gym, fitness classes, healthy eating, and nutrition)

Mental health:

- Infant, Child and Adolescent Mental Health Services
- Trauma/crisis counselling
- Drug and alcohol counselling
- Play therapy
- Psychology (including through headspace)
- Family counselling
- Referral to victims' services for counselling
- Referral to social worker/counsellor

Social:

- School holiday program
- Play program
- Dance classes
- Local youth centre for support for CYP to develop living skills
- Art therapy group
- Youth group

Education:

- Tutoring support for reading skills
- Referral to school readiness program
- Indigenous childcare

Employment:

- Referral to vocational specialist to create resume and apply for jobs

Cultural:

- Referred to services to continue to build on cultural learning and connection to enhance children's knowledge, understanding and skills in relation to Aboriginal and Torres Strait Islander ways of knowing and being.

B.3 Services to which mothers are referred

Parenting/local family support services:

- Internal and external parenting support and programs
- Family support services
- Salvation Army
- Relationships Australia (parenting group)
- Mission Australia

Mental Health:

- Informal counselling
- DFV support group at refuge
- Mental health counselling
- Trauma counselling

Disability:

- First People's Disability Network

Health:

- Aboriginal community-controlled health services

Legal:

- Legal Aid/pro bono lawyer

Education:

- Support for mother to access TAFE

B.4 CYP desired outcomes

Health:

- Review by paediatrician and diagnosis
- See GP for health plan
- See occupational therapist
- Receive the required supports through NDIS
- For child to have hearing checks
- For child to have regular dental checks
- For child to have regular eye checks and have glasses prescription filled
- For child to see speech pathologist about stuttering
- For child to catch up on immunisations
- For YP to recover from substance abuse
- Improve gross motor skills through swimming

Safety/wellbeing/mental health:

- For the child to have space to discuss witnessing domestic violence
- For the child to have space to speak about changed family dynamics
- Develop more structure and routine for children
- For child to feel safe, secure and supported
- For child to be able to heal from experience of sexual abuse
- For child to build attachment with mother
- For child to have belongings that were left behind when the family fled the violence
- Improve self-esteem and gain self-confidence
- Access to psychological support

Education:

- To engage and maintain engagement with school
- Assistance to have child's enrolment in school ceased (had been enrolled by POI)
- To increase school attendance
- Enrolment in childcare
- For child to have school uniform and supplies
- Improved academic performance

Social:

- For child to be linked into and exposed to enrichment activities
- For child to be able to continue engaging in weekend football in local community
- For child to have opportunity to engage in age-appropriate social interactions and build community connections
- For child to attend appropriate and accessible after school hours care
- For child to make connections and play with other children

Child development:

- For child to receive support in processing emotions
- For child to meet developmental milestones, e.g. speech and toilet training
- Increase capacity for child to self-regulate when tressed/upset

Child protection:

- To have safety plan/strategies in place with mother and child to keep chiId safe

B.5 Child/mother shared desired outcomes

Housing:

- To obtain long-term, stable housing

Social:

- Enrichment opportunities for grandmother and child
- Connect mother and son with other supports that will increase both of their social support network
- Family to have increased social connectedness though groups and friendships
- For family to feel connected to local community
- For mother and children to engage more in a positive environment, e.g. playgroup, community events
- Positive interactions between mother and child

Family relationships:

- Improve family functioning skills
- For siblings to bond
- Increased sense of family harmony
- Create fun memories as a family unit
- To re-gain contact visits with younger child

Safety:

- For mother and children to have a safety plan and networks that they can activate at any time
- Improved sense of safety
- To obtain an Apprehended Violence Order against the father

Emotional:

- A sense of normality after the trauma of DV
- Trauma-informed support

Connection to support:

- For family to be linked with formal support
- For family to build informal supports

Legal:
- To gain advice on father's contact and family court proceedings
- To gain advice relating to years spent in out of home care

Education:
- For school to be made aware of the family's situation and financial stress

Financial:
- For family to have access to the correct financial support

Cultural:
- Family to be feel included in their cultural journey on country in meeting significant people

B.6 Mother's desired outcomes

Parenting:
- Improve parenting skills/capacity/confidence
- To get support and information about managing child's behaviours
- Increase confidence/knowledge to manage challenging aspects of parenting
- To build mother–child attachment
- For children to feel safe, happy and loved
- To finalise custody orders for child
- Encourage mother to maintain medical appointments with health service for children's health care

Financial:
- Employment for mother
- Education around money/budgeting
- Access financial support

Emotional:
- For mother to access mental health support

Social:
- Increase supports for grandmother

Residency:
- For the mother to gain permanent residency in Australia

B.7 CYP outcomes achieved

Health:
- Reviewed by paediatrician
- Health checks conducted by GP
- Improved attendance at medical appointments
- Child up to date with immunisations
- Mother and child linked in with local medical practice
- Improvements in child's speech patterns noted by speech pathologist/school/refuge staff
- Child open to eating greater variety of foods

- Child receiving ongoing speech and language therapy
- Child prescribed glasses
- Child undergoing preventative dental treatment

Education:

- Child attending school regularly (one example was re-engagement after a 2-year break)
- Education support in place at school and outside school (e.g. online tutoring)
- Child attending school on partial attendance plan
- Child engaging well at school
- Child engaging with online learning
- Child engaged in daycare
- Mother and school staff collaborating to support child's learning
- School excursion fees waived
- School lunches provided
- Priority position secured in local pre-school
- Child engaged in school readiness program
- Improved school attendance
- Young Person attending TAFE
- Child accepted into specialised early childhood education and care program – no fees

Social:

- Increased participation in social and enrichment activities
- Child interacting well with peers
- Regular attendance at playgroup
- Reduced isolation through attending day care
- Reduced isolation through engaging with peers at youth centre (e.g. Minecraft activity)
- Engaged in swimming lessons
- Improved social skills
- New social connections with children at refuge and at school
- Attendance at after school social groups
- Attendance at weekend activities outside the refuge
- Regularly visiting family and friends
- YP reported making a friend at TAFE and having a 'good yarn' and is 'excited at having a space to go and meet other people'
- Child has made friends at refuge and preschool
- Regular engagement in structured play activities
- Children report feeling more confident engaging with peers and making friends

Mental health:

- Child speaking openly about trauma experiences and wants to make report to police
- Child becoming more regulated at home
- Decrease in self-harm and suicidal ideation
- Child given space to discuss witnessing DFV
- Mother and daughter retrieved their pets
- Better emotional regulation leading to better family relationships
- Child accessing counselling support
- Child has reported mental health improvements and feels supported by the specialist worker
- Slight reduction in child's anxiety
- Positive rapport built with child
- YP reported feeling more relaxed and comfortable about discussing issues that are bothering him
- YP feeling hopeful about future
- Child happier and calmer at home and daycare
- YP very happy about her personal growth and independence resulting from the support received
- Improved engagement in healthy routines and habits
- Reduction in problematic behaviours
- Decrease in bed-wetting

Emotional:

- Formed attachments with staff at childcare
- Child appears happier and more content interacting with other children at refuge playgroups
- YP learning to walk away instead of engaging in fights

Safety:

- Improvement in child's safety
- Provisional AVO put in place to enable children return to school safely after children made statement to police

Culture:

- CYP reconnected with biological father who is Aboriginal to foster connection to culture

Employment:

- YP offered job trial at local cafe

Family relationships:

- Child has reconnected with siblings

B.8 Shared outcomes achieved

Parenting/family relationships:

- Improvement in family functioning
- Mother feels more empowered/confident in her parenting
- Increase in positive family interactions
- Improved parenting capacity
- Mother observed to be taking more responsibility for children and teenage daughter

thinks she and mother are a ‘good team’ now when it comes to caring for her siblings.
- Significant reduction in violent behaviour displayed by CYP towards mother and more meaningful/warm interactions

Housing:
- Stable accommodation achieved
- Moved mother and child into appropriate transitional housing close to child’s father’s family as they are mother’s only support in Australia.
- Crisis accommodation secured
- Application made for transitional housing

Financial:
- Gained the correct amount of child support and parenting payments
- Granted 100% subsidised pre-school fees
- Accessed financial compensation ($5,000)

Improved supports:
- Increased engagement with support services
- Linked with ongoing intensive family support from NGO when moving back to family home
- Ongoing community supports identified

Health:
- Family regularly engaged with community health nurse

Legal:
- Pro bono solicitor engaged, and legal proceedings have commenced

B.9 Outcomes achieved by the mother

Mental health/wellbeing:
- Mother engaged with counselling
- Mother has developed new skills in how to set boundaries with perpetrator after attending a refuge-run group session
- Mother joined a mother’s walking group to reduce isolation and improve health

Education:
- Mother enrolled in study/TAFE training
- Mother accepted into TAFE course
- Mother planning to re-enrol in TAFE

Employment:
- Mother has new job
- Mother looking for work

Driving:
- Mother accessed free driving lessons

Appendix C Case study summaries

Here we include summaries of case studies submitted by service providers as part of their reporting requirements. The case studies were analysed and described in aggregate to address the evaluation questions in the main body of the report. However, this had the effect of minimising their impact. The case studies provide powerful insights into the violence, abuse and trauma that many mothers and their children experience before they enter a refuge. They describe very clearly how a perpetrator's controlling and violent behaviour can destroy the mother's confidence and sense of control over her own or her child's life. They note how some mothers are disempowered to such a degree that they are unable to address their child's urgent health issues or keep on top of more routine health matters, such as keeping up to date with immunisations and having regular dental checks. Some cases highlight how some children growing up with violence regularly miss school or do not attend at all, or they miss out on opportunities to socialise and interact with peers. They point to how the violence and trauma that the mother and child live with can fracture their relationship. The case studies make a very strong case for the importance of having specialist workers who can focus on the needs of CYP. They show the multiple types of support, and points of intervention that many CYP require – ranging from emergency supports needs for food, clothing and medication, to opportunities to socialise with peers or have quality time with their mother to re/build their relationship. They highlight how the specialist worker's role differs from case to case. Some also highlight the need for the specialist worker to work closely with the child's mother and build her capacity to support her children.

Org 1_Q1_CS1: This case study reported on a mother and her two children (3 years and 4 years) who had been living in unsafe conditions for some time and fled their home without taking many possessions. When they arrived at the refuge, the children were unwell, they had experienced recurring health issues for some months and their mother had been prevented from seeking medical care for them. The specialist worker:

- provided clothes for the children,
- arranged a health check,
- made a referral for a crisis counsellor to assess the children's mental health,
- agreed (with the mother) to delay the older child's school enrolment,
- supported mum to attend a playgroup with her children because they could not attend preschool due to safety concerns.

The case study notes that the specialist worker spoke to the mum about the children's speech delays, but the mum was apprehensive about being referred to a speech pathologist and so the case study reports that the specialist worker would revisit the matter in the coming weeks.

Analysis: This case study highlights how women and children feeling violence often leave with nothing and require significant support to meet their most basic needs. It shows how a

perpetrator's controlling behaviour can prevent a mother from being able to manage her children's health needs. The specialist worker role allowed the service to focus on the child, identify their needs, make referrals to address physical and mental health issues, and discuss the child's developmental capacity and needs. It also highlights how the specialist worker needs to work at the mother's pace in order to support her children.

Org 1_Q2_CS_1: This case study reported on a mum and her 11-year-old child who fled their home with nothing after experiencing frequent DFV. The child had several health issues, including regular nosebleeds and anxiety, but had not had a health check in over a year. They were falling behind at school and were exhibiting challenging behaviours at home and at school. The trauma experienced by mum made her 'avoidant and reluctant to reach out and ask for help'.

The specialist worker:

- liaised with the child's school to make them aware of the child's situation and the family's financial stress. The school then provided free uniforms, waived school fees and excursion fees, provided school lunches and the child was referred to the school community support officer, who worked with the child and mum.
- referred the child for a health assessment,
- referred the child to a provider for the NSW Spectacles Program for glasses,
- referred the child to a dentist
- referred the child to a speech pathologist (for the child's stutter).
- secured access to victims services counselling,
- secured access to a NSW Active Kids voucher to cover football fees and continue engaging in their weekend community football,
- accompanied the mum to access support from an NGO to get Christmas presents.

Analysis: This case study highlights the multiple issues that many CYP entering crisis accommodation require assistance with. These include urgent health issues, support with school, and maintaining recreational/social engagement. It demonstrates how the trauma of living with violence can have a negative impact on the mum's capacity to address her child's needs, with the result that issues worsen over time.

Org 2_Q1_CS1: This case study reported on a mum and her 4-year-old daughter. The mum had made contact with the service requesting support to escape her violent partner. His abuse included: physically assaulting mum, which was witnessed by the child, threatening mum and daughter, instilling fear, verbal abuse towards mum in front of others, isolating mum and daughter from others, and sexual abuse of daughter. A safety plan was developed, and mum and daughter were initially placed in temporary accommodation before moving to the refuge. The case study reports that the mum was prevented from nurturing her daughter 'due to the high amount of stress and time spent navigating [the

perpetrator's] behaviour', with the result that the daughter was not enrolled in preschool, toilet trained and did not have any regular routines.

The case study reports that the mum and the child were each assigned a caseworker. At the refuge, the mum was supported to establish a regular meal and bedtime routine for her daughter.

Support to build the mum/daughter relationship included:

- providing them with movie vouchers,
- securing access to free swimming lessons at the local pool and
- securing free entry to a local children's activity centre.

Support and referrals for the child included:

- assisting mum to make contact with DCJ to notify them of the daughter's sexual abuse disclosure
- referral for a health check and getting up to date with immunisations
- access to victims of crime counselling/play therapy.
- child was enrolled two days per week in day care, mum assisted to access childcare benefit through Centrelink, additional childcare subsidy secured.
- child was on a waiting list to see a paediatrician and a play therapist.

The case study reports that the outcomes achieved for the mum and daughter included: settling into medium-term housing, establishing stability and regular routines; reduced isolation and social interaction with peers for the child at day care; mum feeling less overwhelmed and able to spend quality time with her daughter.

Analysis: This case study highlights the horrific violence and abuse that the mother and daughter faced before having the courage to escape. It demonstrates how the mum's capacity to support her child is severely impacted by this violence. This underscores the need for casework support to strengthen or rebuild the mother–child relationship. The case study highlights the mother and child's shared needs for stability, but also the independent needs of the child. It also highlights service barriers (waiting lists) to addressing the child's needs.

Org 3_Q1_CS_1: This case study reported on a mum and her two children (13 and 10 years). They arrived from overseas on a 3-month visa to live with her partner (the younger child's biological father) and had been in Australia for almost two years when they arrived at the refuge. They had been supported by a caseworker at DCJ to leave their violent home. The mother spoke basic English. The case study describes a climate of fear created by the controlling and violent perpetrator. The children reported being physically abused, not being allowed to leave the house, and not being allowed to have friends. They were home-schooled (unregistered) and had not attended formal school in close to two years.

The perpetrator encouraged the children to verbally abuse their mother and he favoured his biological child, creating tension between the siblings.

The specialist worker supported the children to access a range of services and supports leading to a range of positive outcomes including:

- the enrolment of both CYP in school
- engagement of both children in activities at the refuge (after school group, art therapy, bowling, laser tag, picnics, animal park)
- both children made friends though school and at the refuge
- one child obtained citizenship and the other was on a permanent residency visa
- neither child has taken up the offer of counselling, but knew they could access it when they need it
- both children reported feeling 'safe, happy and connected'.

The mum received parenting support and reported that her relationship with her children has improved.

The specialist worker was continuing to support the CYP in their transitional accommodation 'where the focus is on monitoring and supporting the overall health, wellbeing, and behaviour [of the children] and using the Personal Wellbeing Index (Youth).'

Analysis: This case study highlights the precarious situation of temporary visa holders and how a controlling and violent perpetrator effectively held this mother and her children captive. It shows how the specialist worker needed to establish stability and help reintegrate the children into a 'normal life' by reconnecting with school and having social engagement opportunities. It also shows how the support is being maintained with the family's move to transitional accommodation with a focus on their wellbeing.

Org 4_Q1_C1: This case study reported on a 15-year-old YP but does not include contextual information about how they came to the refuge with their mum. It describes a range of physical and psychological issues of concern noted during the initial needs assessment with the specialist worker and the services and supports put in place. These included:

- Mental health: Weekly meetings with the specialist worker to talk about managing mental health symptoms (including exercise, grounding strategies, deep breathing, meditation, music, journaling) and the development of a support and safety plan. On wait list to see headspace psychologist
- Self-esteem/self-confidence: Specialist worker meeting with YP to discuss strengths, setting goals, using positive affirmations, practicing self-care and exercise. Referred to a holistic youth wellbeing program.

- Employment: Specialist worker supported YP to attend appointments with a vocational specialist at headspace, who has supported them to draft a resume and apply for jobs and will provide ongoing support. YP has secured a job interview.
- Accommodation: the YP reported that being in crisis accommodation has a negative impact on their mental health, so the specialist worker has provided a support letter to support an application for priority housing.

The case study reports that the YP feels 'comfortable, supported and heard when interacting with specialist worker'.

Analysis: This case study shows the range of the CYP's support needs identified by the specialist worker and the steps taken to address them. It shows the practical and specialised supports required and the age-specific nature of a need for employment support, for example.

Org 5_Q2_CS_1: This case study reported on a mum and her two children (9 years and 7 months). It describes their unsafe and inadequate living situation with an apprehended violence order (AVO) against the perpetrator and their financial hardship. The case study notes that a housing transfer to a safer area was in progress. The specialist worker provided a range of supports and referrals to meet the families' immediate and ongoing needs. These included:

- Food vouchers provided
- Baby supplies provided: clothing, a pram, nappies, cot, light weight blankets, teething rings, formula supplies, bibs, and baby bath
- Enrolment of 9-year-old in school (had not attended for 1.5 years) and providing school supplies (uniform, library bag, school bag, hat and shoes, water bottle, information about school breakfast program.)
- Organised dental appointments for both children
- Organised medical check-ups for children and mum, including catch-up immunisations.
- Organised for mother to access after-hours medical assistance for infant if required and medication supplies.
- CYP engaged in educational group activities onsite and opportunities to socialise.
- Mother supplied with phone credit to communicate with the school when child was unwell.
- Specialist worker taught 9-year-old some food preparation and house cleaning skills.
- Specialist worker: focused on rebuilding mother and son relationship through completing household activities, creating photos and craft.

The case study concludes that the goals identified by the mother and child were achieved.

Analysis: This case study highlights the extensive needs that a mother and her children can have when they leave a violent, unstable situation. Some of their immediate needs are

for basic necessities such as food/suitable nutrition, whereas other needs have grown over time, including the need to re-engage with school after a prolonged absence and falling behind with immunisations and health check-ups. It demonstrates how the work of a specialist worker includes making referrals to other services to address the CYP's needs, but also how the specialist worker works with the young person to teach them important life skills and also working with the mother and child to rebuild their relationship.

Org 6_CS_Q2_1: This case study reported on a mum and her 3-year-old child who presented at the service following a serious DV incident. The mum initially worked with another caseworker who identified that the child had complex needs and referred them internally to the specialist worker.

The case study reports that at the first meeting the specialist worker identified that the abuse and trauma that the child had experienced since birth had severely impacted on the child's emotional, physical, and cognitive development and growth and that the mother–child relationship was also affected. The specialist worker explained to the mother that they would seek access to NDIS funding for the child to address speech and developmental delays, that the child may also need some counselling support and OT support. The notes emphasise that the specialist worker explained to the mother that she would need to take the child to appointments and answer phone calls and that she needed to communicate with the specialist worker if she felt that she could not do that.

The specialist worker:

- developed a case plan,
- developed and submitted the NDIS application which involved liaising with the child's long day care to obtain supporting documentation
- secured additional days for the child at their long day care.
- Obtained VS counselling approval for the child

The case study notes that most of the case goals have been achieved but that 'engagement from mum is sometimes fleeting, so it's taking longer than anticipated'.

Analysis: This case study highlights how the mum's caseworker made the referral to the specialist worker having identified at the intake assessment that the child required specialist support. Given the child's young age, the case study underscores the need for the specialist worker to work closely with the mother and ensure that she understood her child's supports needs and the steps that the specialist worker was taking to address them. It also notes the progress can slower than hoped due to the mum's capacity to engage.