

Analysis of the Safer Pathway Evaluation

Background

Safer Pathway is a key initiative under the NSW Government's *Domestic and Family Violence Blueprint for Reform 2016-2021*. Led by Women NSW, the system-wide, multi-agency infrastructure for domestic and family violence victims has been implemented by the Department of Justice since 2014. Safer Pathway aims to provide tailored and coordinated referral pathways to victims of domestic and family violence throughout the state of New South Wales, based on needs and level of risk.

Evaluation design

The evaluation takes a realist-informed approach, which goes beyond the typical evidence-based orientation toward 'what works', seeking to determine "why programs work better with some groups than with others or work better in some locations or circumstances than others". This methodology was used to build and test explanations regarding decisions of DFV victims around engaging with the service system, and on how service system workers engaged with each other through the safety action meetings. The evaluators utilised mixed methods, including literature review and evidence synthesis; stakeholder surveys with more than 400 respondents; stakeholder consultations and site studies; and analysis of CRP data (n=365,456 between September 2014-March 2018). Theories developed by the evaluators as to what mechanisms precipitated outcomes in particular contexts are outlined throughout the document, adding a nuanced perspective.

Key findings

System implementation and capacity

The evaluators found that the systems had been rolled out as intended across 48 sites and, by March 2018, the Safer Pathway system was absorbing 91% of all police and court referrals (n=365,456 between September 2014-March 2018). Of the total number of referrals, 60% were related to intimate partner violence, while 40% related to other forms of family violence. Victims receiving referrals were 71% female, 29% male. Nearly two-thirds of female victims received referrals for intimate partner violence, while for men it was close to a half-half split between intimate and other forms of family violence.

Risk assessment processes

The Safer Pathway system involves two layers of risk assessment: the DVSAT risk assessment tool is utilised by police at first contact and then once again by family violence workers at the local contact points who are tasked with case coordination. As used by experienced family violence workers, the

DVSAT risk assessment tool was praised by the evaluators as comprehensive, predictive of level and type of risk and facilitative of victims' ability to assess their own level of risk.

However, the evaluators are clear in their assessment of the DVSAT as used by police, declaring it "not best practice" by either the standards of actuarial or structured professional judgement approaches. Staff at both ends of this process were critical of the way this first layer of risk assessment was carried out, with police critical of the wording and lack of weighting of items on the actuarial scale, while FV practitioners complained about inaccurate or incomplete information received with police referrals.

Contact and case coordination

About two-thirds of victims who entered the system were able to be contacted by local contact points (LCPs, for female victims) or local support services (LSSs, for male victims). Roughly half of victims contacted (53% of intimate partner and 44% of non-intimate partner violence victims) received referrals. The evaluators concluded this was a reflection of "population-level trends in reluctance to receive help from DFV services" (p.100), attributing this variously to cultural prohibitions on seeking help, lack of clarity about the referral process, and/or not understanding their experience as family violence.

Workers and partner agencies were very positive about the case coordination provided within the system, with more than 90% of those surveyed agreeing Safer Pathway was operating well and leading to better safety outcomes. Additionally, the intervention itself was seen as having an important impact on changing victims' perspectives on the violence they had experienced. Given the potential for bias of workers within the system, more detailed analysis of quantitative data would have strengthened these claims.

Workers identified gaps in the system, making it particularly difficult to provide referrals to case management, mental health and housing services (including crisis accommodation). Workers for male victims were less likely to make supported referrals than those who were working with women, which the evaluators considered likely because of the lower availability of male victim-oriented services as well as men's reluctance to receive referrals, however a small sample size (n=7) makes it difficult to extrapolate about the system based on these figures.

Integrated responses to high-risk cases

In the Safer Pathway system, cases assessed to be 'at serious threat' are added to fortnightly safety action meetings (SAMs) for oversight and coordination between services. These panels are chaired by police and organised according to police area commands, but are also open to specialist family violence services and certain other NGOs.

From the limited data that was available to the evaluators, just over half (56%) of cases assessed 'at serious threat' were listed and discussed by SAMs. Unfortunately, over the evaluation period there was no data collected about victim outcomes from SAMs, with the evaluation based on SAMs member feedback. While this feedback was highly positive, it remains potentially biased as it cannot be validated against other measures. Information sharing across large partner agencies – particularly Health, Education, Housing and Child Protection – was deemed key to the success of SAMs, particularly from the perspective of aiding decision making.

Implications

In a time of rapid and wide-ranging reform this evaluation report offers much food for thought and some lessons. Firstly, the rapid uptake and implementation of the Safer Pathway is a demonstration of the large scale of reform that is possible. Inter-agency collaboration and legislated information sharing seems to have both aided this process and increased as a result of it. However, the system is marred by some duplication and incomplete data recording as a result of redundancies from pre-existing reporting protocols and frontline risk-assessment processes that fall short of best practice. Furthermore, Safer Pathway remains closed to referrals from pathways outside the police and courts, limiting its application as a truly coordinated community response.

The Safer Pathway system's 50% rate of successful referrals shows that engagement is as much a problem for victim services as it is for those working with perpetrators. Low engagement may be addressed by increased investment in case management and incorporating additional referral pathways (beyond the police and courts) at the entry point of the system. When it comes to risk assessment, the evaluators stress the importance of providing stronger guidance to police and an improved format featuring improved wording and properly waited actuarial scales. The report identifies the need for improved training for police, to which could be added the need for an emphasis on predominant aggressor training.

Perpetrators are largely invisible in the operation of Safer Pathway, and the evaluation makes no recommendations for improvement in this respect. Police coordination of the SAMs panels implies that monitoring and enforcement of orders would be a priority, but if and how this is so is unclear. Further, there is no indication as to how or whether these panels linked with men's behaviour change programs, perpetrator case management services, or other services aimed at directly addressing perpetrator risk and need.

The recent No to Violence NSW Listening Tour has highlighted that service providers in areas of high family violence rates struggle with managing women and children's safety when there are no aligned services for perpetrators. Although the *Blueprint for Reform* does address perpetrator interventions in Key 4 and 5, if the service system is to be truly integrated and focused on victim-survivor safety and outcomes then perpetrators should have mirror Safer Pathway with clearly defined pathways, referrals, information sharing provisions, and risk tools as well.