



Domestic, Family and Sexual Violence Reduction Framework

Monitoring and Evaluation Plans and Good Practice Review Final Report

November 2019

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Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
AOD	Alcohol and other Drugs
ANROWS	Australia's National Research Organisation for Women's Safety
AP1	Action Plan 1: 'Changing Attitudes, Intervening Earlier and Responding Better (2018-2021)'
CAHREC	Central Australian Human Research Ethics Committee
CALD	Culturally and Linguistically Diverse
CAWG	Cross Agency Working Group
CDU	Charles Darwin University
DFSV	Domestic, family and sexual violence
DFV	Domestic and family violence
DLGHCD	Department of Local Government, Housing and Community Development
DoE	Department of Education (Northern Territory)
DoH	Department of Health (Northern Territory)
ED	Emergency Department (Hospital)
EP	Evaluation Plan
Framework	Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018-2028: Safe, Respected and Free from Violence
FSF	Family Safety Framework
MBCP	Men's Behaviour Change Program
Menzies	Menzies School of Health Research
MP	Monitoring Plan
NAAFLS	North Australian Aboriginal Family Legal Service
NGO	Non-government organisation
NT	Northern Territory
NTG	Northern Territory Government
Review	CDU Good Practice Review of DFSV Services in the Northern Territory
TF	Territory Families
Top End HREC	Top End Human Research Ethics Committee
WoSSCA	Women's Safety Services of Central Australia

Executive Summary

This report documents the approach, methodology and governance of Charles Darwin University (CDU)/Menzies School of Health Research (Menzies) activities in relation to the *'Monitoring and Evaluation Plans for the Northern Territory Government's Domestic, Family and Sexual Violence Reduction Framework 2018-2028 Safe, Respected and Free from Violence'* (Framework), and *Action Plan 1: Changing Attitudes, Intervening Earlier and Responding Better* (AP1) incorporating a Good Practice Review (Review). It provides an overview of findings from the Review; and consultation processes and outputs associated with the Monitoring Plan (MP) and Evaluation Plan (EP).

The Framework is the second whole of Northern Territory Government (NTG) strategic approach to violence reduction, following *'Safety is Everyone's Right 2014-2017'*. The Framework outlines significant and ambitious actions across five outcome areas. Supporting the Framework in the short term is Action Plan 1 which details a range of actions focussed on prevention, early intervention and service response. Territory Families (TF) undertook consultations in the development of the Framework and AP1, seeking feedback from both government and non-government organisations (NGOs). The resulting documents are therefore reflective of interagency and NGO responses and priorities.

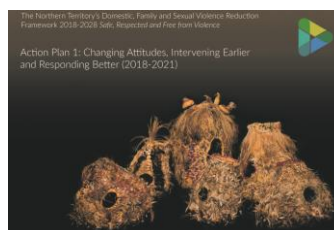
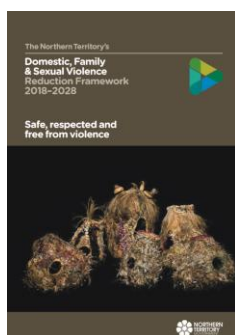
The processes documented in this report highlight a number of areas for further consideration by TF, as implementation of AP1 and the Framework progress, and the MP and EP are applied.

Further considerations and areas of action include that:

- prevention programs should have a clear target group for the initiative, be gender and age-specific and be linked to other domestic, family and sexual violence (DFSV) services for consistent messaging.
- prevention and service responses to sexual violence should be distinguished from broader DFSV prevention and response activities.
- priority should be placed on training for early intervention, including risk assessment and cultural competence.
- suitability of integrated service models and hubs be reviewed prior to their implementation in the Northern Territory (NT), with particular focus on previous research documenting the resources and elements required for effectiveness. This is relevant in the context of Outcome 3 of the Framework and AP1 which asks for consideration of integrated and coordinated systems.
- where programs take a trauma-informed, culturally strength-based approach to men at-risk of or perpetrating violence, they are comprehensively evaluated for their impact on the reduction of violent behaviour.
- internal capacity in NGOs for monitoring and evaluation be supported through the provision of technical expertise provided by government.
- inter-agency agreement is reached on key definitions and actions under the Framework.
- partnerships with local and national organisations are used to develop the NT evidence base and to pursue new and innovative research.
- engagement of non-Indigenous and Aboriginal leadership and consultation on implementing, measuring and evaluating the MP and EP takes place to facilitate the reduction of violence experienced by Aboriginal women in the NT.
- The process of consultation revealed that there is significant support and momentum around the Framework and AP1. In order to maintain sector and agency engagement in this process, regular and meaningful feedback on activities and progress is critical. The EP for the Framework and the MP for AP1 both describe various ways in which to document activities and monitor progress.

Introduction and Background

In November 2017, the NTG released the *NT's Domestic, Family and Sexual Violence Reduction Framework 2018-2028: Safe, Respected and Free from Violence* (Framework). Subsequently the first three-year action plan under the Framework, *Action Plan 1: Changing Attitudes, Intervening Earlier and Responding Better (2018-2021)* (AP1) was released in early 2019.



Scope of Work

In June 2018, TF contracted CDU/Menzies to deliver a co-designed Scope of Work to undertake a Good Practice Review of DFSV services in the NT including a monitoring and evaluation plan. Two formal variations were made to the contract and finalised in September 2018 and November 2019.

The final Scope of Work was revised in April 2019, and included an EP for the Framework, a MP for AP1, the Review, and a Final Report. The following were the deliverables under the finalised Scope of Work, as agreed between TF and CDU/Menzies:

- 1) Design and Methodology;
- 2) Good Practice Review of NT DFSV Services;
- 3) Monitoring and Evaluation Plan;
- 4) Final Report.

Deliverable three, the Monitoring and Evaluation Plan became two separate documents: the Evaluation Plan (EP) and the Monitoring Plan (MP). This document represents deliverable four, the Final Report.

Project Governance and Oversight

Governance of the Review initially included the Office of Gender Equality and Violence Reduction, CDU/Menzies and a Project Reference Group, all of whom provided comments on the initial draft scope (January 2019).

Governance of the EP, MP and the Final Report was undertaken jointly by TF's Office of Gender Equality and Violence Reduction and CDU/Menzies.

The EP and MP consultation and ethics approval process were led by Menzies in collaboration with CDU. TF's Office of Gender Equality and Violence Reduction were also involved throughout different phases of the planning and implementation. An initial project review was undertaken by the Menzies Alcohol and Other Drugs Aboriginal Advisory Committee to increase the socio-cultural integrity of the project. Ongoing project management involved regular research team meetings, and consultation debrief sessions. The research team included two Aboriginal staff, which helped build Indigenous research capacity, and ensured the consultation process was culturally responsive. The project team was predominantly female but included one male, to promote a gender-relations approach.

Overview of Changes to Scope

The Scope of Work for the original Review focussed primarily on a Good Practice Review of NT DFSV Services, with associated sector consultation, and a second deliverable of a monitoring and evaluation plan for AP1. A Reference Group was convened to provide advice and direction on the Scope of Work.

Between May and December 2018, the following documents were developed by CDU/Menzies:

- Design and Methodology;
- Draft Good Practice Review;
- Terms of Reference for Reference Group;
- Stakeholder Engagement and Consultation Strategy.

In addition to the deliverables above, the following activities were undertaken:

- Initial sector engagement in Alice Springs and Darwin (for details on these consultations refer to the 'Good Practice Review' section in the Methodology, below);
- Convening and Secretariat support functions associated with the Reference Group;
- Facilitation of the First Reference Group Meeting (November 2018);
- Submission to the Top End Human Research Ethics Committee (Top End HREC) and the Central Australian Human Research Ethics Committee (CAHREC) for consultation with service providers and clients on elements of good practice, as per the Australian National Statement on Ethical Conduct in Human Research (2007) - Updated 2018,

In February 2019, TF requested a revision to the Scope of Work to provide greater emphasis on the EP and MP for the full ten-year Framework, including comprehensive data mapping and engagement and the production of a stand-alone MP for AP1. The Literature Review was to be reduced in scope and renamed a 'Good Practice Review'; it was agreed that no further consultation was to take place around the Good Practice Review. The Reference Group was disbanded as its composition was based on expertise around the Good Practice Review, and the revised Scope of Work was moved to a monitoring and evaluation focus.

Activities between February and July 2019 under the finalised Scope of Work included:

- Revision of a Stakeholder Engagement and Consultation Strategy and Timetable;
- Development of a Monitoring and Evaluation Project Plan;
- Revised documents submitted to Top End HERC and CAHREC for consultation with service providers on the MP and EP;
- Mapping of existing data sources;
- Consultation with service providers in Darwin, Katherine, Tennant Creek, Alice Springs, and Nhulunbuy;
- Consultation with data custodians and policy representatives of key NTG agencies;
- Presentation at TF's *'Sharing and Strengthening Our Practice'* Conference (May 2019).

Documents produced by CDU/Menzies and delivered to TF under the finalised Scope of Work include:

- Revised Good Practice Review;
- Evaluation Plan
- Monitoring Plan;
- Final Report (this document).

Definitions

Aboriginal and Torres Strait Islander people/Indigenous people

This document uses the term Aboriginal and Torres Strait Islander people to include Aboriginal peoples, Torres Strait Islander peoples and people with both Aboriginal and Torres Strait Islander heritage. On a few occasions it refers only to one group, for example when referring to local organisations that use only Aboriginal or Torres Strait Islander to reflect the local population in that part of the country. On occasion, in keeping with international human rights language, the resource also uses the term Indigenous to include both Aboriginal and Torres Strait Islander people, or to distinguish from the non-Indigenous Australian population.

Clients

This review uses the term clients to refer to women, men, and children who are engaged with DFSV services. The term also includes those people engaged with associated services, such as drug and alcohol services, legal services, or health services, as these often overlap with the DFSV sector.

Intimate partner

A current partner (living with), previous partners (has lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (never lived with).ⁱ

Partner

A subset of intimate partner that refers to a person the respondent lives with, or lived with at some point, in a married or de facto relationship.ⁱⁱ

Physical assault

Physical assault takes place when an individual or a group provokes and attacks a person physically, with or without the use of a weapon. It may also include the threat of physical harm if the threat is coupled with an apparent ability to cause harm. Types of physical assault can include provocation (insults, death threats), intimidation (making a fist, pushing, throwing objects, stalking), brutality (attacks, fights), punches and injuries (bites, bruises, dislocations), assault with a weapon, armed robbery (with firearm or using force or threat of force).ⁱⁱⁱ

Protective behaviours

Protective Behaviours can refer to a framework for the development of personal safety skills. A Protective Behaviours course teaches children and young people about their rights to safety, identifying and responding to internal and external indicators of risk or safety (feelings, thoughts, behaviours) and problem solving for help seeking.^{iv} Protective behaviours or protective factors are considered to be variables that 'enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk'.^v

Sexual violence

Sexual violence refers to behaviours of a sexual nature and covers a wide range of criminal and other behaviours committed against children and adults. This includes child sexual abuse, problem sexual behaviours, sexual harassment, sexualised bullying, unwanted kissing and sexual touching, sexual pressure and coercion, and sexual assault including rape.^{vi}

Violence

The Framework refers to violence associated with DFSV as a pattern of behaviour aimed at controlling a partner or family member through fear, such as using behaviour which is violent and threatening, and to place at risk their immediate and longer-term safety and wellbeing. Forms of violence can include physical, sexual, stalking, emotional or psychological, technology facilitated and financial abuse, and it can include criminal and

non-criminal behaviour.^{vii} The definition of violence includes children, acknowledging their experiences of violence can also include physical, sexual, and emotional abuse as well as neglect and deprivation. Children being made witness to or exposed in any form to DFSV is also considered as abuse towards the child.^{viii}

Youth

In Australia, youth is generally considered to refer to a person aged between 12 – 24 years of age.^{ix}

Approach and Methodology

Good Practice Review

Approach to the Good Practice Review

The purpose of the Review was the identification of good practice service delivery models of relevance to the NT. This review formed the first deliverable under the Scope of Work and was the first step in documenting both established and indicative good practices of relevance to the NT context.

Good Practice Review - Methodology

The Review process used both formal and informal mechanisms to collate information. The consultant initially undertook consultations in Darwin and Alice Springs with a number of service providers and agency representatives (details provided in Appendix B). The consultant then undertook a Literature Review.

Table 1 below outlines the links between the Framework outcomes and the Review themes. It also provides a list of search terms that were used to identify good practice models within each theme. The search terms below were then paired with qualifiers including: family violence, domestic violence, sexual violence, violence against women, Aboriginal women, Indigenous communities, remote communities, integrated service, Culturally and Linguistically Diverse (CALD).

Table 1: Framework Outcomes and Good Practice Review Themes

	Framework Outcome	Good Practice Review Theme	Search Terms
1	Domestic, Family and Sexual Violence is prevented and not tolerated	Prevention	Prevention, strong families, men's programs, media, communication, education, gender inequality, drug, alcohol, workplace attitudes, Aboriginal
2	Territorians at risk of experiencing violence are identified early and provided with effective interventions	Early Intervention	Prevention, behaviour change, men's programs, preventative health, respectful relationships, parenting, healing, ^x at risk, protective, workplace response, bystander, Aboriginal
3	People experiencing domestic, family, and sexual violence are protected and helped to recover and thrive	System Response and Service Delivery	Child protection, youth justice, integrated service response, strong families, health, men's programs, collaborative service response, safety, workforce development, child maltreatment, legal service, Aboriginal Community Controlled Organisations (ACCO), Aboriginal Community Controlled Health Organisations (ACCHO), Aboriginal organisations ^{xi}
4	Perpetrators are held accountable and connected early to responses that change their behaviours and reduce violence	Perpetrator Accountability	Perpetrator, trauma, healing, strong families, dad's, parenting, behaviour change, corrections, narrative, legal service, Aboriginal, Indigenous

5	Legislation, policy and funding models enable a responsive, high quality and accountable domestic, family and sexual violence service system	Policy Development and Advocacy for Improved Service Delivery	Policy, framework, policy influence, implementation, advocacy, information sharing, integrated service delivery, Aboriginal, Indigenous
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The Literature Review included evaluation, synthesis reports, and meta-analyses of documents highlighting good practice models. A guiding principle of the review was to prioritise the work of Indigenous authors and evaluators, and of those services for Indigenous people and communities. In reality, this translated to very few pieces of work by Indigenous authors being included in this review. Most published work by Indigenous authors is academic or of a review/policy nature. In the context of the specific requirements for this Review (service provision evaluated and linked to relevant good practice elements), very few pieces of work exist by Indigenous authors. However, there are growing numbers of Indigenous evaluators, which should see an increase in this type of literature.^{xii}

As there were few evaluated good practice models relevant to the specific demographic and logistical base of the NT, examples of service models adopted in areas with similar demographics and logistical challenges were included in the Review. Priority was given to service models that worked with Indigenous people.

A draft of the Review was submitted to TF and the Reference Group on 10 December 2018. Subsequent revisions and feedback took place over the following six months, alongside the development of the EP and MP. The Review was finalised in August 2019 and is a stand-alone, public document.

Consultation

Approach to the Consultation

The service provider and data custodian consultation process was an essential part of development of the three-year MP (to accompany AP1) and a ten-year EP (to accompany the ten-year Framework). Using the Framework and AP1 as foundation consultation documents, the aim was to understand existing DFSV program and service monitoring and reporting processes, including expectations of funders. Stakeholders were also asked what change might look like in relation to the outcomes and activities expressed in the Framework and AP1, and how this change could be best measured over the longer-term.

The fieldwork for the consultations occurred in June and July 2019. The project received ethics approval through the Department of Health (DoH) and Menzies School of Health Research Human Research Ethics Committee (HREC 2019-3292) and CAHREC (CAHREC 19-3319). The ethics approval only related to the consultation component informing the development of the MP for AP1 and the EP for the Framework.

Participant Description and Recruitment

The agreed consultation method was a combination of workshops and individual interviews. These were targeted in their focus and usually lasted between one ½ to two ½ hours. Purposeful sampling was used to recruit participants. A list of key participating organisations was generated by the project team and confirmed with TF (client) for feedback prior to consultation commencement. NGOs, government and ACCOs were invited to participate in the territory-wide consultation process. Individuals were usually invited to the consultations based on their knowledge of/expertise in the NT DFSV sector or related sectors (including AOD, housing, primary health care, men's health). This was particularly important in smaller geographical regions, as DFSV reduction efforts often involve close co-ordination between services. Individuals were asked to forward the invitation to their networks (snowball sampling) to expand participation reach.

The consultation process was iterative, based on feedback from TF. Consultation timelines were also sometimes modified to accommodate other processes occurring in regional locations. This impacted the timeframes for recruitment, sometimes making the period between invitations and consultations very tight. It is worth noting that capacity of service providers to participate was sometimes restricted, as most of the consultations occurred over the three-week mid-year NT school holiday period when some stakeholders were on leave.

One service provider consultation workshop was undertaken in the 'hub' of each region. This included Darwin, Katherine, Tennant Creek, Nhulunbuy and Alice Springs (Table 2). Some additional individual consultations were undertaken to accommodate for time constraints and/or capacity of services (Table 3). Researchers who were involved in conducting consultations included James Smith (JS), Donna Stephens (DS), Kimberly Jonsson (KJ), Sarah Clifford (SC), Tessa Wallace (TW), Paris Caton-Graham (PCG) and Vijaya Joshi (VJ).

Table 2: Main Consultations

Locations	Number of participants	Consultants
Darwin	8	JS / KJ / SC / TW / PCG
Katherine	4	JS / DS / KJ
Tennant Creek	6	SC / PCG
Nhulunbuy	9	SC / TW / PCG
Alice Springs	4	JS / DS / KJ

Table 3: Additional / Follow Up Consultations

Location	Number of participants	Consultants
Darwin	1	KJ
Phone	1 (Tennant Creek)	TW

Further workshops were held in Darwin with key policy staff and data custodians. This was used as an opportunity to test emerging measures and to seek input into likely monitoring and evaluation evidence gaps. This included representatives from the NT Primary Health Network and a wide range of NTG Departments. There was also engagement with representatives from the DFSV Cross Agency Working Group (CAWG) to provide feedback on agency-specific programs and services, and respective reporting, monitoring and evaluation measures. A total of 33 individuals from 21 organisations participated in the consultation process throughout the NT.

Table 4: Data Custodian and Policy Consultations

	Number of participants	Number of agencies represented	Researchers
Main Workshop	8	6	JS, SC TW
Follow up 1	3	2	VJ, JS, SC
Follow up 2	3	2	JS

A total of 14 policy makers and data custodians from 10 different agencies assisted in refining the emerging measures.

Conducting Consultations

Two workshops extended beyond the allocated time, and one consultation was reduced to one hour to accommodate participant availability. A PowerPoint was used to guide discussions (see Appendix A) which included the outcomes from the Framework and the subsequent goals. At least one Indigenous team member was involved in all community consultations. Where possible male and female team members were involved in each workshop, with the exception of the Tennant Creek and Nhulunbuy consultations which were conducted by female team members.

The key questions for each of the five Framework outcome areas were:

1. What does change look like?
2. How do you know change has occurred? (measurement – i.e. numbers accessing services, qualitative feedback from service providers etc.)

For example:

Outcome 2 – Territorians at risk of experiencing violence are identified early and provided with effective interventions

Action 2.3 - Tailored responses, relevant to the specific needs of vulnerable communities, are developed for communities at risk of experiencing DFSV

1. *What do tailored responses to vulnerable communities look like? Is it - More mainstream services? More specific services? Clear understanding amongst the sector of who vulnerable communities are?*
2. *An expanded range of service provision? Increased numbers of vulnerable people accessing services? An enhanced sense of capability amongst the sector to respond to vulnerable groups?*

Transcription and Analysis

All consultations, except for two follow up discussions, were audio-recorded. These recordings were transcribed by a professional transcription service. At least one consultant took notes at every consultation, using the template table provided in the PowerPoint (Appendix A).

The annotated table for each consultation was clarified and amended by TW or KJ, using the transcript to triangulate notes. Where time permitted, participants received a copy of the annotated tables to enable further feedback.

These tables and transcripts were used in two analysis workshops (participants included VJ, JS, KJ, SC, SC, and TW) to finalise the monitoring and evaluation measures presented in the MP and EP and the findings in this document.

Monitoring Plan and Evaluation Plan

Approach to the Monitoring Plan and Evaluation Plan

The purpose of the EP and MP is to provide a mechanism to measure and assess progress across the five outcomes of the Framework. Given the long-term nature of the Framework, the EP is designed to guide the frequency and type of evaluations, suggest data sources, and provide a plan for evaluation processes. The MP provides mechanisms and data sources for monitoring the activities in AP1 on an annual basis.

The final approach included initial consultation with agencies and service providers, followed by more comprehensive consultation with service providers and data custodians across the NT.

Data mapping occurred concurrently with the consultation and relied on publicly available data and other data sources produced by agencies and service providers. This process also highlighted data gaps and limitations, including the availability of regularly reported and analysed data of relevance to the EP and MP. The project team worked on the agreed assumption that existing data sources would be the major source of measurement. For this reason, the availability of data directed the formulation of indicators, rather than the other way around. Where there were no obvious data sources, suggested or aspirational data sources were developed through the consultation process.

Monitoring Plan and Evaluation Plan - Methodology

The EP and MP used the Framework and AP1 as base documents. The long-term outcomes were taken directly from the Framework and medium-term outcomes were taken from the actions under each outcome in the Framework; these were re-worded from actions into outcomes for the EP. The short-term outputs/outcomes were created from the activities listed in AP1. As the current Action Plan ends in three years (2021), most of the short-term outcomes were worded as outputs. These were reviewed and refined through the mechanism of the CAWG.

Establishing the Program Logic

The Program Logic was created by mapping the long-term, medium-term and short-term outputs/outcomes to create a causal outcomes hierarchy. The EP has adopted a Program Logic that includes inputs, short-term activities under AP1, medium-term outcomes (2025), and long-term outcomes (2028).

Indicators and Evaluation Questions

The evaluation questions and indicators have been formulated based on assumptions about how and when the Framework will be implemented.^{xiii} This is particularly pertinent to the medium and long-term outcomes, as there are myriad policy changes and actions that may occur in the intervening period that could impact on the achievement of outcomes (refer to 'Limitations and Challenges' below).

Data Sources

For the EP, existing data sources were mapped against the five outcomes to begin the process of finding suitable data sources. Data sources were taken from a review of administrative data sets, publicly available NT data sets, and discussions with data custodians on data collected, analysed and reported. Through consultations with service providers, the project team were also able to document the type and frequency of data captured by organisations for the purposes of reporting to funding bodies and for internal purposes.

Data for the MP relied heavily on quantitative and qualitative information contained with NTG agencies' public annual reporting. A review of 2016-17 agency annual reports and other reporting was undertaken to locate specific sources of data relevant to outputs/outcomes and activities in AP1.

Monitoring Plan

The purpose of the MP is to provide a mechanism to measure the outputs and actions across the three years of AP1. The MP includes a list of activities (directly taken from AP1), and aggregates these into short-term outcomes/outputs. Each activity has an indicator and data source which can be used to measure its progress. Most of the activities measured in the MP can only be measured at the output level.

An Annual Progress Report template was also developed. The Annual Progress Report provides a template for aggregating performance measures against the activities and outputs in AP1. These Progress Reports can be used in two ways. Firstly, as a way of mapping the annual achievements of AP1, with a focus on the outputs. Secondly, at the end of three years (2021) the accumulated Progress Reports can be used to inform development of the Second Action Plan. Through highlighting areas of achievement and challenges, the Progress Reports can help direct investment priority and action areas in the Second and Third Action Plans.

Limitations and Challenges

There were limitations and challenges identified within each major deliverable under the overall Review, as outlined below.

Good Practice Review

- Good practice service models were largely confined to the five years immediately preceding this review (2013-2018), except in circumstances where the service model directly serviced Aboriginal and Torres Strait Islander clients and/or was delivered in a similar context to the NT.

- The inclusion of sexual violence in the Framework acknowledges the co-occurrence of sexual violence and DFV. Within the review, sexual assault and sexual violence services were considered when they were delivered within services primarily focussed on DFV.
- Juvenile justice and child protection have not been extensively discussed in this document, primarily because the examples of good practice listed here focus on the services and initiatives related explicitly to the reduction or response to DFSV.

Monitoring Plan and Evaluation Plan

- Baselines will be generated during AP1 in selected outcome areas. This is due to the lack of readily available quantitative and qualitative data across all outcomes.
- The MP predominantly relies on existing data sources. It was made clear that agencies would not have resources to provide reporting outside of their regular annual reporting requirements during the life of AP1.
- It is difficult to fully attribute the 'contribution' of the Framework to particular outcomes. In the long-term, given the number of reform activities being undertaken by various agencies at a Territory and national level, contextual factors will need to be taken into consideration. However, it will be possible to examine what has been delivered at the output level through AP1 and subsequent action plans.

Consultations

- In the context of tight timeframes, where possible, follow-up discussions were facilitated if requested.
- The research team were aware that some frontline staff had limited specialist monitoring and evaluation expertise but did have significant operational experience relevant to the consultation goals. Therefore, genuine consultation with stakeholders about program monitoring and evaluation was required to contextualise various measures associated with the MP and EP.
- Participants were highly engaged with the material and as such it was not always possible to cover all outcome areas during each consultation. Instead, up to three outcome areas were usually discussed in detail during consultation workshops. Participants were invited to provide additional feedback on other outcomes areas out of session. The research team occasionally received follow-up emails from participants to expand on the data collected during workshops.

Findings

Good Practice Review

The Review demonstrated that there is an emerging body of evidence and evaluation on what works in DFSV with Aboriginal and Torres Strait Islander communities and in regional and remote areas. There is data paucity in the NT, although this is slowly changing with a number of reviews and evaluations recently completed or commissioned. The Review highlighted that a number of initiatives in the NT are based on evidence of their efficacy elsewhere. For example, Men's Behaviour Change Programs (MBCPs) and the focus on primary prevention (refer to the new prevention grants program developed by the NTG) are in response to the focus on this area in other jurisdictions, and nationally, notably through Our Watch.^{xiv} However, it remains unclear if program adaptations in the NT have been successful.

The initial sector consultations undertaken in 2018 indicated that the sector is broadly supportive of initiatives introduced by the NTG, such as investment in stand-alone prevention programs, a move to longer funding agreements with service providers, and the commissioning of research, reviews and evaluations. Many service providers felt that these initiatives are long overdue and would improve the evidence base and service delivery resulting in improved practice across the sector. Below is a brief summary of findings across each of the five outcomes from the Framework. Further details can be found in the Review.

Outcome 1: Domestic, Family and Sexual Violence is Prevented and Not Tolerated

The consolidated findings from the review in this outcome included:

1. Prevention programs should have a clear target group for the initiative, as identified through attitudinal mapping (PSS and NCAS, and if possible, specific NT survey as suggested in EP).
2. Women and girls, transgender, men and boys should be included in developing and implementing prevention programs of relevance to them.
3. Sexual violence needs to be addressed through standalone prevention messages.
4. Prevention programs need to be linked with other DFSV services to ensure that messaging is consistent.

Outcome 2: Territorians At-Risk of Experiencing Violence are Identified Early and Provided with Effective Interventions

The consolidated findings from the Review in this outcome included:

1. Due to the high risk associated with early intervention, staff should be highly trained in DFSV and, for Aboriginal and Torres Strait Islander and CALD clients, have cultural competence.
2. That universal services undertaking early intervention (screening and referral) should create and maintain links with specialist DFSV services.

Outcome 3: People Experiencing Domestic, Family and Sexual Violence are Protected and Helped to Recover and Thrive

The consolidated findings under this outcome included:

1. The efficacy of integrated service models is highly dependent on the range of resources and structures in any given jurisdiction, as identified by Australia's National Research Organisation for Women's Safety (ANROWS) in its 2016 review of integrated service delivery models. For this reason, integrated service delivery may not suit all jurisdictions, or settings within individual jurisdictions.

2. Stronger ties between mainstream specialist DFSV services and ACCHOs/ACCOs would increase service coverage for Aboriginal and Torres Strait Islander clients.
3. Integrated systems can significantly benefit from standardised referral pathways, shared understanding and use of risk assessment frameworks, and better feedback to services referring into a system.
4. Enhanced frontline worker skills and cultural competence improved client experiences of service delivery.

Outcome 4: Perpetrators Are Held Accountable and Connected Early to Responses That Change Their Behaviours and Reduce Violence

The consolidated findings under this outcome included:

1. There is significant support for programs that take a trauma-informed, culturally strength-based approach to Aboriginal and Torres Strait Islander men at risk of perpetrating, or perpetrating, violence. Much of this work has been assessed in the wellbeing and healing area, but not specifically to any impact it may have on violent behaviour. This is an area of growing research.
2. MBCPs need to be adaptable to place and various cultural groups. While there may be some key principles, the need to tailor programs was noted.
3. Clear distinction needs to be made between programs working with different types of offenders, with those at risk of using violence, and broader community-based populations who are at high risk. The programs for each of these groups will necessarily be different.

Outcome 5: Legislation, Policy and Funding Models Enable a Responsive, High Quality and Accountable Domestic, Family and Sexual Violence Service System

The consolidated findings under this outcome included:

1. There is significant activity in DFSV policy development at both national, and state and territory level, but there has been little evaluation of the impact of these. Instead, evaluations have focussed on implementation and process.
2. It is worth noting the current approach to DFSV in Victoria which is unprecedented in terms of leadership, innovation, collaboration with practitioners and academics, and resourcing. The ten-year framework, *"Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response"*, Victorian Government, 2017, comes out of the Victorian Royal Commission into Family Violence.
3. Current initiatives in the NT, such as the prevention grants, reflect the objectives from other jurisdictions, and from national level policy (such as the National Action Plans).

Consultation

There are five outcomes included in the Framework, each of which has between three and five shorter term outcomes (listed below). The summary below does not capture every element of the consultation. Instead, it provides a snapshot of feedback for elements which received high levels of consensus from the participants or which arose in multiple locations. Standout points, which did not fit within any specific Framework heading have been included as an additional section at the end of the summary. As discussed in the Limitations and Challenges section, service providers were often more comfortable commenting on improving practices rather than measuring the efficacy of those practices. Many service providers provided clear recommendations on how service improvements could be made within all five outcomes. These have been collated into a separate document and provided to TF. Where possible we have listed the region/s in which key issues were predominantly, although not exclusively, raised.

Outcome 1: Domestic, Family and Sexual Violence is Prevented and Not Tolerated

1.1 The Community is Educated About Domestic, Family and Sexual Violence and Protective Behaviours

The number of mandatory reports made by the public were suggested as a measure of improving awareness and education regarding DFSV, with the assumption that as awareness of both DFSV and the NT mandatory reporting laws increases, more Territorians should recognise the signs of DFSV and report it [Darwin]. This is important because there is often a gap between community education and changed behaviour [Katherine].

There were a number of programs discussed which offered DFSV education to select groups, such as Melaleuca's Respectful Relationship Domestic Violence education program for CALD women [Darwin]. It was noted that a number of programs were funded by the Commonwealth, and that this program reporting only went to those agencies at the national level. Consequently, NTG agencies do not have access to potentially useful data about DFSV programming in their sector. This is compounded by the lack of data sharing agreements between NTG and the Commonwealth, which should be prioritised if a comprehensive monitoring and evaluation approach is to be adopted.

There was a similar concern raised about TF operational knowledge of, and access to, data relating to DFSV programs commissioned or implemented by other NTG agencies, particularly DoH, Department of Education (DoE), and NT schools. Data sharing between NTG agencies is a simpler process but requires additional resources for optimal outcomes [Darwin]. It is noted that data sharing and access improvements are in train through the development of the NT Open Data Portal. Further, for DFSV specific data, that TF will lead a project to streamline collection and collation of available data for Territory NGOs to access.^{xv}

Several types of DFSV education that were raised during consultation workshops were initiated by individual champions who were engaging in this space of their own volition. This often occurred as part of their role in a sports or employment program, often with no or limited data capture. The inconsistent and ad-hoc nature of community education (particularly in remote areas), makes it very disjointed and hard to measure [Nhulunbuy][Katherine]. There were also concerns about the consistency of DFSV messaging, with numerous agencies providing services, and no shared definitions [Darwin] [Nhulunbuy].

Participants felt that data collected as part of the NO MORE Campaign was underutilised and could be used to monitor community education and awareness. There were concerns raised regarding the generalisation of NO MORE and DFSV, as NO MORE does not address sexual violence. Some participants felt that sexual violence, respectful relationships and issues of consent were still not addressed well with men and boys, particularly in Aboriginal and Torres Strait Islander contexts, due to cultural sensitivities [Darwin] [Nhulunbuy][Katherine]. There were also more general concerns about sexual violence being subsumed within the language of DFSV, with some participants feeling it should be addressed as a standalone issue [Alice Springs] [Darwin].

There were concerns raised about the effectiveness of awareness raising campaigns, and unintended consequences, such as community backlash. For example, it was reported that women in Katherine felt more afraid during the recent footy season due to men's backlash against DFSV community education campaigns [Katherine].

1.2 Policies that Challenge Rigid Gender Roles, Gender Inequality, Sexism and Discrimination are Developed and Implemented

It was suggested that evidence of gender equality policies be a requirement for procurement and tendering for NTG contracts [Darwin], and that policies are developed or overseen by a community of practice to ensure cohesion [Nhulunbuy].

1.3 The Number of Organisations that Actively Reject Domestic, Family and Sexual Violence and Challenge Gender Inequality Increases

Participants felt that this was strongly linked to 2.1, and an appropriate measure would be to conduct an audit on agencies regarding the existence of DFSV policies and respective adherence to them. An audit of public

denunciation of DFSV could also be considered, such as signage like NO MORE Campaigns on ovals [Darwin]. There was strong feedback that trauma informed approaches and cultural safety considerations need to be woven into these policies and measured accordingly [Katherine].

1.4 The incidence of Drug and Alcohol Related Domestic, Family and Sexual Violence is Reduced Through Government Policies that Address Harmful Use of Alcohol and Other Drugs

There was consensus among participants that little was known about current 'drugs in schools' policies and further awareness raising with key stakeholders across the sector was required [Darwin].

It was suggested that the monitoring of Emergency Department (ED) statistics to ascertain changes in the number of reported DFSV incidents would be useful (although it was also recognised that there are tangible barriers for health professionals deciding whether to report DFSV). It was acknowledged that a similar process to that adopted for the regular public release of alcohol-related ED admissions (<https://alcoholreform.nt.gov.au/data-and-evaluation/graph>) would be useful. It was also suggested that the general assault ED data could also be considered, as violent behaviour can be a precursor or indicator of existing DFSV.

It was suggested that court data regarding referrals into alcohol rehabilitation programs for DFSV cases would be useful. The new Child and Family Centres may be a potential useful source of data in the future. [Darwin] Concerns were raised about the issue of local alcohol establishments in Nhulunbuy tolerating (and in some cases encouraging) drinking to intoxication for profit. Concerns were also raised regarding the perceived lack of 'Sobering up Shelters' and alcohol rehabilitation facilities in Nhulunbuy. An opportunity exists to align Framework activities and measures in future iterations of the Alcohol Harm Minimisation Action Plan.

Outcome 2: Territorians At-Risk of Experiencing Violence are Identified Early and Provided with Effective Interventions

2.1 Prevention Programs are Focused on Protective Behaviours and Healthy Consensual and Respectful Relationships

Participants observed that many schools and/or teachers, particularly in some remote areas, are uncomfortable with delivering programs on taboo topics, such as sexual assault. This has resulted in uneven implementation of the education curriculum regarding respectful relationships. Schools that are uncomfortable or ill-equipped to facilitate programs in-house often engage external agencies to deliver programs, with evidence suggesting it is not necessarily best practice to have external professionals delivering this key information to children and young people, where a sufficient level of rapport may not have been established [Darwin].

Participants suggested an audit of teachers trained to deliver DFSV curriculum content, including that provided to pre-service teachers, would provide information on the number of qualified teachers able to deliver DFSV content, the type of content, and the number of teachers willing to deliver DFSV content. In addition, NGOs and government agencies involved in DFSV work reported that they did not know what programs were actually being delivered in schools, and that there should be better information flow around this.

Concern was raised about the lack of programs for young people who are not attending school, with perceptions this was a particularly high-risk group that needed to be engaged better [Nhulunbuy]. Community tailored prevention programs were often acknowledged and well regarded among participants. They were often considered to get more community buy-in and therefore had greater potential for impact. Katherine and Nhulunbuy consultations were particularly focused on community tailored programs, yet a parallel discussion across all locations advocated for clear and consistent messaging and delivery across the NT. Further consideration of balancing targeted and universal prevention programs is warranted, along with an agreed monitoring and evaluation approach.

There were multiple concerns raised that boys and young men only receive support after they had committed an act of violence, rather than being engaged in prevention programs. Potential forms of measurement discussed included: a reduction in the number of bullying related suicides; a reduction in the number of sexting reports/suspensions; and a reduction in the number of teacher assaults by students [Darwin].

2.2 Research and Data Collection is Undertaken to Identify Groups Vulnerable to Domestic, Family and Sexual Violence, and to Document their Needs

There was strong support for research to capture the ‘on the ground’ reality of groups vulnerable to DFSV [Nhulunbuy] [Katherine]. Participants suggested that qualitative approaches that privilege narratives and voices of vulnerable people, such as yarning, storytelling and case study development, would be most useful [Nhulunbuy]. Many NGOs identified that current narrative reporting processes could be a useful source of data in this regard. Data custodians suggested that no meta-analysis is currently undertaken with these reports.

2.3 Tailored Responses, Relevant to the Specific Needs of Vulnerable Communities, Are Developed for Communities At-Risk of Experiencing Domestic, Family and Sexual Violence

Homeless people (or those living rough) were a priority population group, often pushed out of stable accommodation because of overcrowding or the need to leave an abusive relationship [Nhulunbuy] [Katherine]. In general, low-socio economic groups were of greatest concern. Referrals for public or emergency housing were used as a soft approach by health staff to engage families who they suspected of being at risk of DFSV [Nhulunbuy]. It was also a tangible and important referral process for other DFSV service providers. Therefore, the number of public housing referrals for people experiencing DFSV, alongside emergency relief funding for DFSV, are both potential data sources.

2.4 Universal Services and the Community Have Increased Capacity and Capability to Identify and Respond to Domestic, Family and Sexual Violence

In smaller regional communities, referrals between universal and specialist DFSV services were considered to work well, due to strong professional relationships. There are some barriers for universal services (in contrast to specialist services) accessing training associated with DFSV. There are also barriers for community members accessing DFSV training. Most participants reiterated the importance of training being culturally safe, contextualised and potentially delivered in local languages in remote locations [Nhulunbuy]. Some participants indicated that the number of mandatory reports was a good indicator of community awareness and capability to respond to DFSV, as suggested in 1.1 [Katherine].

Outcome 3: People Experiencing Domestic, Family and Sexual Violence and Protected and Helped to Recover and Thrive

3.1 Through Information Sharing, Systemic Responses to High-Risk Domestic, Family and Sexual Violence Cases, Including the Family Safety Framework (FSF), have Been Strengthened and Integrated

The need for enhanced information sharing systems was strongly advocated, particularly between different regions, to better accommodate and manage transient clients [Katherine]. FSF was considered to be an important mechanism to gather and use meaningful data, such as number of referrals into FSF, the number and quality of FSF trainings delivered and to whom, and repeat referrals into FSF. Cross checking with data custodians revealed that FSF data may not be simple to extract and collate, and therefore may require additional resources to do this well.

3.2 Client-Centred and Coordinated Responses are Enabled to Respond to the Needs of Specific Cultural, Religious and Community Groups.

Integrated service models are highly valued, such as ‘The Hub’ in Katherine, and Child and Family Centres in other remote locations. New measures relating to the effectiveness of integrated service delivery models such

as this should be explored. It would be useful to record the number of ‘turn aways’ associated with DFSV service delivery access among specific cultural, religious and community groups, including reasons for refusal [Katherine]. Information on how far people are travelling out of their communities in order to escape violence would be useful. Monitoring and evaluation of peripheral supports provided to women and children which enable DFSV service access, such as private or public transport services, should be recorded [Katherine]. The number and use of DFSV resources developed in local languages should be prioritised as a DFSV measure [Alice Springs].

There was an expressed need to collect evidence to demonstrate whether women felt safe accessing shelters/safe spaces, particularly Aboriginal and Torres Strait Islander women and women from CALD backgrounds. The Women's Safety Services of Central Australia (WoSSCA) re-build in Alice Springs intends to evaluate whether changes to the physical space will increase women from different cultural groups accessing the service, as the new building will have individual accommodation/rooms rather than shared accommodation, to increase privacy. There was a strong sentiment that men also needed ‘safe spaces’, but there was currently a lack of services in this regard [Tennant Creek]. If expanded, consideration should be given to evaluating their effectiveness as well.

3.3 The Safety and Wellbeing of the Client is Prioritised Throughout the Justice System

It is important to provide strong support for perpetrators to enable safer environments for women and children [Katherine] [Nhulunbuy]. Potential measures include the number of judges receiving independent training on DFSV, judges involved with FSF, evaluation of court support and advocate positions, number of victims permitted to film statements, access and use of interpreters, number of women appearing unrepresented in court [Alice Springs].

Recognition of the child as an individual victim (in contrast to a parent who requires support), in general DFSV cases (rather than just child protection cases), is crucial. Children often witness violence and experience trauma through the exposure to DFSV. As such, they should be considered clients in their own right [Tennant Creek]. Services targeting children should be comprehensively evaluated. Victim support needs to include victim education, particularly regarding what a Domestic Violence Order means in a practical sense [Tennant Creek] [Nhulunbuy]. There is limited evidence about the most effective education models for the NT.

3.4 Client Outcomes are Enhanced by the Development of a Capable and Responsive System and Workforce

Participants considered it was important for all staff, not just Aboriginal staff, to be more trauma and culturally informed [Katherine]. The effectiveness of cultural awareness training should be measured more robustly. Cultural protocols in communities should be explained and followed [Katherine]. It was suggested that service accreditation across the NT for DFSV service providers should be prioritised, with accreditation measures collected for purposes of service standards accountability [Alice Springs].

All Corrections’ staff should be trained in relation to DFSV, and the number of staff, and subsequent refresher or specialist training opportunities they have been exposed to should be prioritised as a measure [Alice Springs]. Training needs to be regular and consistent because of the high workforce turnover across the sector in the NT. Therefore, the regularity of training should also be a measure. The extent to which training is place-based and contextualised should also be monitored.

3.5 Increased Sector Capabilities to Respond to Children Involved in Domestic, Family and Sexual Violence Incidents Assure that Children Exposed to Domestic, Family and Sexual Violence are Not Further Harmed Through the Response

Concerns were raised regarding the lack of children’s services, both for abused children and for children of abused parents. For the latter group there was strong opinion that these individuals were being overlooked. Given the trauma they have experienced, some participants suggested that they should be considered a

unique client in their own right (as discussed in 3.3). Specialist children's services were sparse, with a particular gap identified in relation to services for children with problematic sexual behaviours [Alice Springs].

Further measures relating to children included the number of counsellors, police and health promoting school nurses in schools [Alice Springs]. It was strongly suggested that police data relating to call outs involving children should be sent to TF and cross-checked with child protection records [Alice Springs]. Programs that transport children out of town (particularly with Elders) are perceived (anecdotally) to act as a good protective mechanism against DFSV [Tennant Creek]. There is currently scant empirical data on the effectiveness of such programs. The monitoring and evaluation of such programs should be prioritised.

3.6 An Integrated and Specialist Domestic, Family and Sexual Violence Services Hub is Developed in Tennant Creek to Support Women and Children of the Barkly Region

Stakeholders in Tennant Creek want the service hub to include men, noting the high level of mobility between Tennant Creek and Alice Springs. Service providers in Alice Springs advocated for greater integration and collaboration with the hub model, for both improved service delivery and better information sharing and data.

Outcome 4: Perpetrators are Held Accountable and Connected Early to Responses that Change Their Behaviours and Reduce Violence

4.1 Perpetrators are Connected to Timely, Effective and Evidence-Based Behavior Change Interventions in the Community, Youth Detention, Correctional Facilities and Diversion Programs.

There were several emerging and existing programs which addressed men's behaviour change, but similarly to 1.1, the funding for these programs come from multiple agencies and levels of government. This makes monitoring and information sharing more complex. If this can be overcome the number of programs delivered, as well as the number of programs delivered in local languages, should be considered as a key data source.

4.2 Behavior Change Interventions Reduce Re-Offending

Participants noted prevention programs must be evidence-based and context specific [Alice Springs]. Multiple participants indicated behaviour changes programs currently funded by TF lack an evidence-base but acknowledged that this was improving through guidelines and reporting for the prevention grants. However, participants from NGOs wanted more support in monitoring, evaluating, and building an evidence base. A useful measure would be the number of self-referrals to MBCP and the number of DVFS re-offences for men who attend/have attended behaviour change programs.

4.3 The Justice System is Focused on Rehabilitation and Restoration of Perpetrators to Violence-Free Families

Many participants spoke about the need for a family approach to help break the cycle of DFSV. This should be measured based on the number of family focused violence services, co-occurring social supports, spaces for youth after hours, and men's 'cool off' houses/spaces [Tennant Creek]. The Alice Springs Domestic Violence court will need to be monitored and evaluated once it commences operations in early 2020 (measured against the National Outcome Standards for Perpetrator Interventions) [Alice Springs].

4.4 The Community is Empowered to Support Perpetrators to End the Use of Violence

Participants felt Elders were a vital resource in leading community empowerment approaches [Alice Springs]. However, it was also recognised that many Elders are often overburdened with their own caring and/or cultural responsibilities. Nevertheless, a more strategic and uniform approach to Elder engagement in DFSV programs and services is recommended.

It was acknowledged that youth advisory groups (or similar) exist in some communities, and that they have been actively involved in DFSV discussions [Tennant Creek]. Yet, there is currently minimal measurement of their impact.

There was discussion about the importance of Community Liaison Officers (particularly for violence that may relate to payback); the number of these positions filled in each region, and the nature of work they are engaged with could be better measured [Tennant Creek].

Outcome 5: Legislation, Policy and Funding Models Enable a Responsive, High Quality and Accountable Domestic and Family Violence Service System

5.1 Policy and Legislation that Reduce Domestic, Family and Sexual Violence Exists and has High Level Support

Many participants considered that sexual violence had been ignored from policy perspectives. As such, they suggested a concerted effort on better measurement was required and that sexual offenders should be called to account. There needs to be a significant culture shift in some agencies relating to DFSV policies, attitudes and behaviours. Some participants indicated that there are perpetrators working in public services, police, justice, and other positions of power. Attempts to implement, monitor and evaluate internal changes within agencies is crucial [Alice Springs].

5.2 Policy and Legislative Changes are Embedded Across Agency Operational Policy and Practice

Participants perceived that there was currently no structured way of sharing information across agencies about DFSV. The application and reporting process for prevention and service delivery was seen to be opaque, with little information being fed back to service providers from TF. This hinders monitoring for both TF and the service providers. The development of a data sharing arrangements (i.e. Memorandums of Understanding) between relevant NTG agencies and NGOs, specifically tailored to Framework outcomes, would be advantageous.

5.3 Domestic, Family and Sexual Violence and Child Protection Services are Better Integrated With One Another

Participants noted that DFSV services contracted by TF undertake mandatory reporting in regard to child protection and DFSV. Participating services wanted better feedback on the data, to assist with their own reporting and prevention programming [Tennant Creek].

5.4 Data, Information and Intelligence Sharing is Enhanced Between Stakeholders Responding to Domestic, Family and Sexual Violence.

There is a strong desire for an enhanced feedback loop between NGOs and funders. NGOs reported that they do not know what happens with their reporting. Many expressed that they would like to see TF querying reports to get more information on changes and trends referenced in their reports, and to support continuous quality improvement. Ideally, program funding should be reviewed and changed in response to program reporting, data gaps and identified need rather than policy change. For example, if DFSV services reported a pronounced increase in the number of women on temporary visas experiencing violence, program funding should respond to this identified need. Additional funding is needed for funding for monitoring and evaluation functions [Alice Springs].

There was a strong desire for greater transparency, accountability and information sharing. Some participants indicated that information collected through Support Link could be shared and used more efficiently. Current data systems do not 'talk' to each other and information being collected is not often shared. There is no access to the FSF unless the organisation has been invited. This could be improved by structured sharing (via Memorandum of Understanding, etc.) [Tennant Creek]. In addition to systematic data collection and information processes, participants noted that staff turnover can be a significant issue in ensuring information sharing practices are upheld, as these are often dependent on the motivation of individual workers to share

information, local expectations and protocols, and/or the extensiveness of their professional networks. The authors note that some of these identified issues will be addressed through new information sharing legislation, and the registering of information sharing entities across the NT.

5.5 Through Research and Evaluation, Domestic, Family and Sexual Violence Investment in the Non-Government and Government Sectors is Focused on Areas of Greatest Need and Return

There was a desire in using client progress and DFSV service/program outcomes to define future investments [Tennant Creek].

Additional Comments

The Emergency Relief funds were perceived as a good data-source [Nhulunbuy] [Tennant Creek] [Alice Springs] [Darwin]; a partnership with the Commonwealth would be required to access this information. This could include information about eligible or non-eligible clients, referrals to other sources (e.g. budgeting skills), type of assistance (e.g. food, clothing, transport – which may include relocating women and their children at risk of or experiencing DFSV closer to their homelands or family), number of children/adults also living in the home [Nhulunbuy].

Monitoring Plan and Evaluation Plan

The MP and EP are stand-alone documents and details of the plans are not included here. Details on consultation relation to the EP and MP outcomes are discussed above. This section provides an overview of implementation issues and areas for further attention with regard to the MP and EP.

Governance and Systems

The CAWG is the main mechanism for inter-agency engagement with the Framework, AP1, the MP and EP. Acknowledging that the CAWG oversees numerous policies and procedures, and that the Framework and associated EP are only one of these, the following changes are suggested with respect to oversight of the EP. It is recommended that CAWG processes allow more time for robust consultation within agencies on shared understandings, common frameworks, and contributing actions. During consultation for the development of the EP, it was noted that timeframes were often short and/or that CAWG representatives did not always have access to information required to make decisions. It was also noted that concepts such as ‘early intervention’ did not have a broadly understood and agreed definition. These factors limited the discussions that could take place during CAWG and any resulting actions.

Data

It is broadly agreed that there is a paucity of relevant, regularly reported data on DFSV. The NT is not the only jurisdiction to face this challenge, yet it remains an important issue when considering the implementation of the EP and the MP. At the time the draft MP and EP were delivered, there were a number of reviews and research projects commissioned (e.g. the NT Council of Social Services Building the Capacity of the NGO DFSV, DoH implementation of the Clinical Guidelines preventing and responding to DFSV, a review of DFSV services in the Barkly and Big Rivers region). The results of these have been noted for inclusion as data sources for selected outcomes.

The launch of the NTG’s Open Data Portal will also assist in the implementation of the EP. The open portal currently has 290 datasets from 21 organisations and 12 groups. Current relevant datasets include:

- Average Weekly Juveniles in Detention
- Youth Justice in Australia (Statistical Report)
- Youth Detention Australia
- Child Protection Australia
- NT Population Projections
- Potentially Preventable Hospitalisations in Australia (Statistical Report)
- Emergency Department Care Hospital Statistics
- Number of Alcohol Related Assaults in NT by area
- Police Services (Statistical Report, Australia wide)
- Child Protection Services
- Youth Justice Services
- School List
- Enrolment and Attendance by Validation 2013
- Enrolment and Attendance by School 2013
- NT Crime Statistics
- Australian Burden of Disease Study (Statistical Report)
- Alcohol and Other Drug Treatment Services in the NT
- School Suspensions
- Awarded Government Contracts
- Alcohol Attributable Emergency Presentations by Hospital

Research

It is recommended that a research strategy be developed through the CAWG to assist with evidence and data gaps, and service and training needs. Strategic research could be undertaken to assist with service and evidence gaps. For example, Commonwealth investments in improved data collection underpinning the Fourth National Action Plan could be targeted as a way of improving Territory-level data, especially in flagship data areas such as the PSS and NCAS. Equally, a research strategy outlining key research and evidence gaps in DFSV in the NT could be developed based on gaps identified through the annual progress reports.

Building Monitoring and Evaluation Capacity

Although there are many national-level organisations and evaluators with specific expertise in the field of DFSV, very few of these have the Territory-specific contextual information required to undertake relevant and effective evaluations (such as those listed in the EP under Aspirational Data Sources). The new NTG Program Evaluation Unit, and associated monitoring and evaluation capacity within individual agencies may be an important resource as the EP is implemented.

Through consultation it was also confirmed that many NGOs and DFSV specialist service providers seek further tools and capacity to undertake their own evaluations. Many of the services consulted for the EP had already undertaken significant work on program logic models and theory of change development, with a view to evaluating their programs.^{xvi} These services also routinely collect narrative and quantitative data for reporting to funders and for their own reporting purposes. These resources have not yet been fully utilised and could provide a good source of qualitative and quantitative data for both the EP and the organisations themselves. It is recommended that a review of service reporting be undertaken to assist with data collection in subsequent phases of the MP and EP. This will build capacity and consistency across the sector and will enhance the utility of reporting for the services themselves, and for the EP.

Shared Understanding of Key Concepts

Some NTG agency stakeholders articulated that key concepts such as ‘early intervention’ did not have a broadly understood and agreed definition. This, in turn, led to lack of a shared framework for action under specific outcome goals. It was noted that there often was not time or appropriate delegation authority to discuss these concepts within the CAWG. The consultations highlighted that more time should be provided for agencies to internally discuss and agree to definitions, actions and goals. These could then be presented to CAWG through the relevant agency representative, to ensure that they complemented the actions of other agencies and aligned to the broader outcomes of the Framework.

Suggested Advisory Mechanisms for the CAWG and Costing

Although the CAWG retains oversight of the Framework, Action Plan, and associated monitoring and evaluation plans, it is recommended that advisory committees, individuals and groups be utilised from time to time. These entities will provide technical advice in relation to cultural expertise and leadership, content expertise in DFSV, and technical expertise in monitoring, evaluation and research. The project team recommend that the key objectives of these individuals/groups are to:

- Provide periodic independent quality control of the MP and EP;
- Ensure Aboriginal leadership and consultation on key aspects of the implementation of the MP and EP;
- Ensure monitoring and evaluation expertise in relation to the ongoing implementation of the EP, including in the commission of evaluations.

These objectives can be met through various processes; a few examples are detailed below.

Provide Independent Quality Control of the MP and EP

While the implementation of the Framework and the MP and EP are overseen by the CAWG, which has good agency and NGO representation, it would be useful for CAWG to seek periodic advice from other jurisdictions and/or thematic areas. Given the long-term nature of the Framework, this would provide fresh eyes at critical time points, such as at the end of each Action Plan. The objective would be to draw NGO and or government representatives from jurisdictions that are implementing similar DFSV frameworks (Queensland, Victoria). These advisory groups could be convened on an as-needs basis, with membership changing to reflect specific expertise (during any one review time). This method would keep costs down as sitting fees would pertain only to one discrete review period; human resources could also be managed as engagement and logistics would only occur around specific time points and not on an ongoing basis.

Ensure Indigenous Leadership and Consultation on Key Aspects of the Implementation of the MP and EP

This is a critical element to the appropriate implementation of the MP and EP, and is consistent with the Productivity Commission's current work to develop a whole-of-government Indigenous Evaluation Strategy to increase Aboriginal and Torres Strait Islander expertise and participation in evaluation activities, and to better evaluate government programs affecting Aboriginal and Torres Strait Islander people.^{xvii} This would approach would also support contemporary notions of Indigenous governance and data sovereignty. The use of this level of expertise would also provide an additional independent lens on the implementation of the EP and MP.

Indigenous leadership and participation could be increased through the following mechanisms:

1. Convene an Aboriginal sub-committee of the CAWG to review actions and provide advice. Representatives could be drawn from government, NGO, and the research sector within the NT and other jurisdictions (understanding that the latter would be more costly to include). This committee should be resourced and provided with Secretariat support similar to the CAWG. A Terms of Reference should be developed to guide the purpose of this Reference Group. This recommendation is based on the long-held practice of an Aboriginal sub-committee attached to a Human Research Ethics Committee.
2. Expand membership of the CAWG specifically to recruit more Aboriginal expertise from the NT (noting the Aboriginal Medical Service Alliance of the NT already sits on the CAWG). Membership could be drawn from the existing Aboriginal Affairs Senior Officers Working Group, to ensure coherence with other initiatives occurring within government. Other members could be drawn from sector NGOs (Darwin Aboriginal and Islander Women's Shelter, Darwin Indigenous Men's Service) and ACCHOs/ACCOS.

Ensure Monitoring and Evaluation Expertise in Relation to the Ongoing Implementation of the Evaluation Plan, including in the Commission of Evaluations

Many external evaluators do not have Territory-specific contextual information required to undertake relevant and effective evaluations. Suggested mechanisms to incorporate this expertise in CAWG evaluation processes include:

1. Seek advice from the NTG Program Evaluation Unit, particularly around the commissioning of evaluations. Regular and consistent advice would provide timely and relevant expertise on how proposed Framework activities align with the MP and EP and how they could be measured and evaluated. Linking the CAWG to this Unit may also provide avenues to share information about other relevant evaluations being undertaken in or by the NTG. On occasion, there may be complementary evaluation activities that could occur between sectors (such as health and education), that would minimise evaluation costs for individual agencies.

2. Draw on local territory monitoring and evaluation expertise, including supporting local organisations in their own monitoring and evaluation efforts.
3. There are growing numbers of Indigenous Evaluators who could provide evaluation insight into the implementation of the MP and EP. The Australian Evaluation Society has an Indigenous Special Interest Group (www.aes.asn.au), and links to Indigenous Evaluators. The Better Evaluation website (www.betterevaluation.org/en/themes/indigenous_evaluation) has an ongoing project on Indigenous Evaluation which collates resources and best practice in this area. Aboriginal evaluators at Charles Darwin University have provided key input into this group, and would provide local expertise.

Appendices

Appendix A: Consultation Schedule and Documents

Project Information Sheet

Participant Information Sheet - Domestic, Family and Sexual Violence Good Practice Review (Service Providers)

THIS IS YOURS TO KEEP

Project title:

Good practice review of domestic, family and sexual violence services in the Northern Territory.

About the researchers:

The review and consultation with service providers will be undertaken by Professor James Smith, Ms Donna Stephens, Ms Sarah Clifford, Ms. Kim Jonsson, Miss. Tessa Wallace and Dr Vijaya Joshi from Menzies School of Health Research (Menzies) along with community-based members of the team.

What is the Review about?

Northern Territory Government representatives from the Office of Domestic, Family, and Sexual Violence Reduction, within Territory Families (TF) are working with Charles Darwin University (CDU) and Menzies to create a monitoring and evaluation plan for the 10-year Domestic, Family and Sexual Violence Reduction Framework 2018-2028.

The CDU/Menzies Team want to identify what change in the DFSV sector looks like in your community. To assist us with valuing and measuring change, we want to speak with service providers about what they find useful to help improve their practice.

Why you have been asked to participate

The project team would like to hear your ideas and opinions about what strategies and actions work best in capturing change in the outcomes for people experiencing domestic, family, and sexual violence. We want to hear what actions work for local families and communities, and what resources are needed. You have been asked to participate because you have provided services to people who have experienced domestic, family or sexual violence, and you have a good understanding of your community.

What your participation would mean:

If you would like to participate in the project, the project team will invite you to participate in an individual interview, focus group, or a teleconference that will take between 30-60 minutes. This could be in person at a time when the researchers are visiting your area or could via Skype, or telephone at a time that suit you best. The choice is yours.

A transcript from the discussion will be sent to you, so that you know what will be presented to others about the outcomes of the project. You will be able to discuss any changes to the transcript or clarify any points that the project team may have missed or misunderstood.

What will happen to the information you provide?

The information you provide will be stored securely with the project team at Menzies for a period of at least five years.

The results of the study will be shared with Territory Families and other departments in the Northern Territory Government and may be published in reports and academic journals. The findings may also be presented at relevant related conferences and may also be used to inform future work or research.

The results of the will also be provided to communities who participated, either through a focus group or in a written/picture format.

All publicly available reports and presentations will be de-identified. This will help to maintain individual and organisational anonymity.

What are the benefits and risks?

The project team are working with service providers to find out ways to capture, measure and feedback outcomes for people utilising domestic, family and sexual violence services in the NT. By capturing this information and sharing it with TF and the NTG we hope it will help with decision making, understanding what clients and services need, and to improve policies, programs and services in this space.

The project team will work hard to minimise any risks or discomfort for you in participating in this project, but understand that some of the discussion may be sensitive or upsetting. They will check with you to see if you would like to keep participating and whether you would like to talk to a health professional about any issues that have been raised for you personally in the discussion.

The project team will be careful not to directly identify the service or the individuals we have talked with. However, because the NT is small, and in some places there are very few organisations that provide domestic, family and sexual violence support, when people are reading about the project they might be able to guess who the organisation is and or who we might have been talking with. Participation is voluntary and you are free to withdraw from the study at any time. However, if you participate in a focus group your confidentiality cannot be guaranteed, as others will hear what you say. This means that the information you share with others cannot be withdrawn.

Queries, Concerns or Issues

For questions about the project please contact either:

Professor James Smith by email: james.smith@menzies.edu.au

Dr. Vijaya Joshi: Vijaya.joshi@desiconsulting.com.au

Ms. Donna Stephens: donna.stephens@menzies.edu.au

If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research on 8946 8600 or email ethics@menzies.edu.au

This research has approval from:

The Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research-Reference Number-: HREC 2019-3292 and from the Central Australian Human Research Ethics Committee- Reference Number: CA-19-331

Consent Form

CONSENT FORM

Interview/Focus Group/ Teleconference

You can say no

Project title:

Good practice review of domestic, family and sexual violence services in the Northern Territory.

Project Team:

The review and research consultation process with service providers will be undertaken by Professor James Smith, Ms Donna Stephens, Ms. Sarah Clifford, Ms. Kim Jonsson, Miss Tessa Wallace and Dr Vijaya Joshi from Menzies School of Health Research along with community-based members of the team.

Participant Agreement

- I have read {or had read to me} the Participant Information Sheet which explains what this research project is about, and I understand it. I know that I do not have to participate if I don't want to.
- I have had a chance to ask questions about the project, and I am comfortable with the answers that I have been given. I know that I can ask more questions if I like.
- I have volunteered to participate in the project and agree to be interviewed by the project team
- I know I don't have to answer any particular questions if I don't want to and that I am free to withdraw at any time. If I do withdraw there will be no bad consequences for me.
- I understand that my answers are confidential and that neither my name or any other identifying information will appear in the interview transcript and any public communication or publicly available information arising from the data and research, unless I have specifically asked in writing to have my name included.
- I understand that in a focus group discussion that others will hear my opinions and that as a group we agree not to share what others have said outside of the group.
- I know that a summary of the discussion will be sent to me to read and I will have the opportunity to request any changes to the transcript. I understand that once the transcript of my interview has been de-identified it will be not be possible to withdraw any data.
- I know that the researchers will keep my information confidential so far as the law allows.
- I understand that I won't get paid for participating in this project.

I give my permission for the interview to be recorded

Yes ☐

No ☐

Study Follow Up:

The service providers who consent to be contacted post study, will receive feedback about the results of the Territory-wide consultation upon study completion.

☐ I would like a copy of any publications at the completion of this research and would like these to be sent to:

Address: _____
_____ OR

Email: _____

Informed Consent:

Name of the participant: _____

Signature of the participant: _____

Date: _____ Email: _____

If applicable:

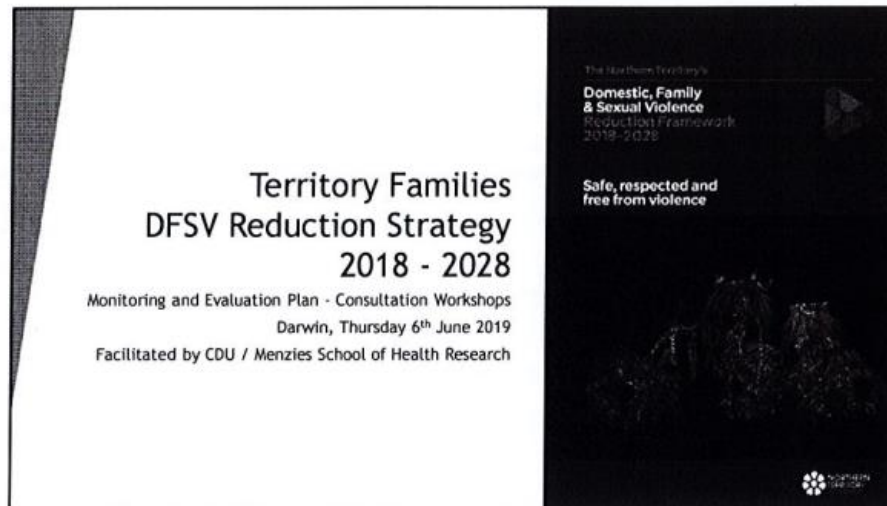
Informed Consent:

Name of the Interpreter: _____

Signature of the participant: _____

Date: _____ Email: _____

PowerPoint



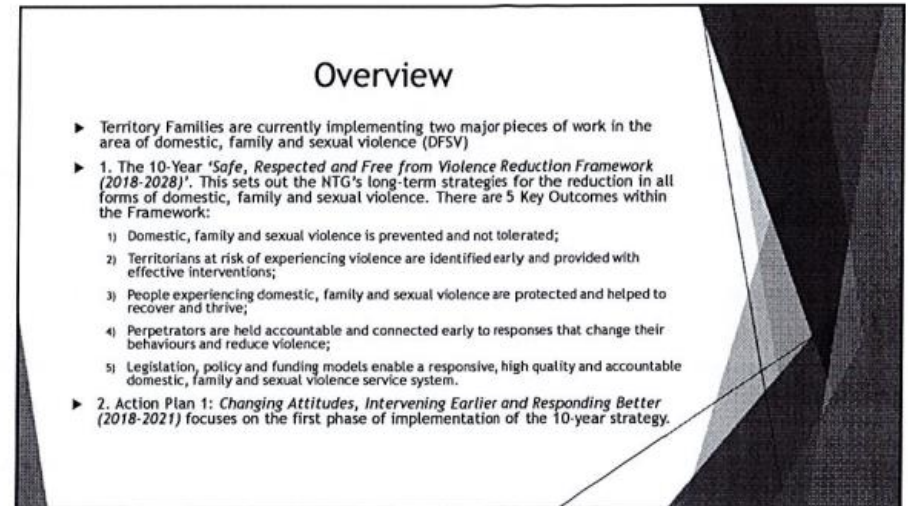
The Northern Territory's
**Domestic, Family
& Sexual Violence
Reduction Framework
2018-2028**

**Territory Families
DFSV Reduction Strategy
2018 - 2028**

Monitoring and Evaluation Plan - Consultation Workshops
Darwin, Thursday 6th June 2019
Facilitated by CDU / Menzies School of Health Research

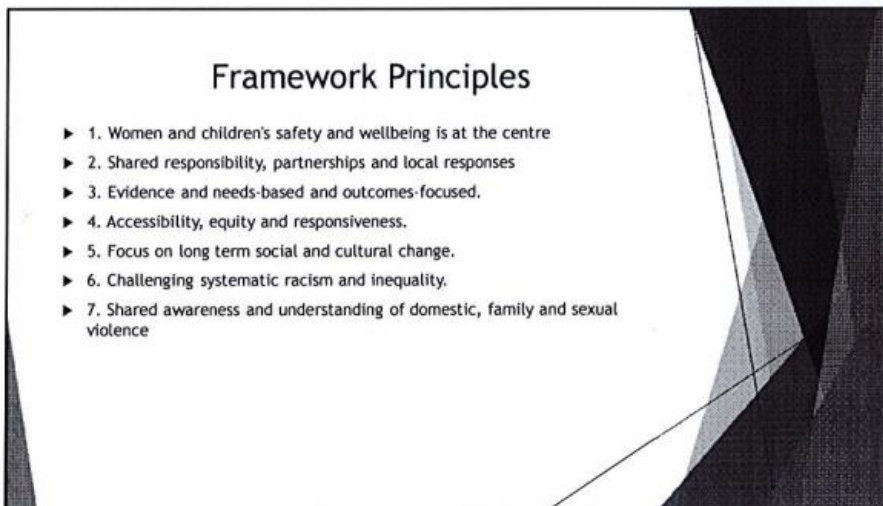
Safe, respected and
free from violence

NT
GOVERNMENT



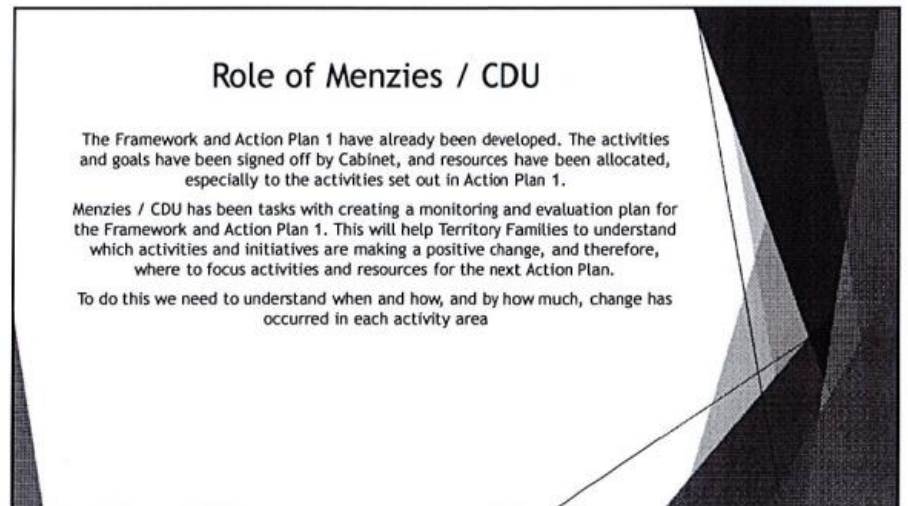
Overview

- ▶ Territory Families are currently implementing two major pieces of work in the area of domestic, family and sexual violence (DFSV)
- ▶ 1. The 10-Year 'Safe, Respected and Free from Violence Reduction Framework (2018-2028)'. This sets out the NTG's long-term strategies for the reduction in all forms of domestic, family and sexual violence. There are 5 Key Outcomes within the Framework:
 - 1) Domestic, family and sexual violence is prevented and not tolerated;
 - 2) Territorians at risk of experiencing violence are identified early and provided with effective interventions;
 - 3) People experiencing domestic, family and sexual violence are protected and helped to recover and thrive;
 - 4) Perpetrators are held accountable and connected early to responses that change their behaviours and reduce violence;
 - 5) Legislation, policy and funding models enable a responsive, high quality and accountable domestic, family and sexual violence service system.
- ▶ 2. Action Plan 1: *Changing Attitudes, Intervening Earlier and Responding Better (2018-2021)* focuses on the first phase of implementation of the 10-year strategy.



Framework Principles

- ▶ 1. Women and children's safety and wellbeing is at the centre
- ▶ 2. Shared responsibility, partnerships and local responses
- ▶ 3. Evidence and needs-based and outcomes-focused.
- ▶ 4. Accessibility, equity and responsiveness.
- ▶ 5. Focus on long term social and cultural change.
- ▶ 6. Challenging systematic racism and inequality.
- ▶ 7. Shared awareness and understanding of domestic, family and sexual violence



Role of Menzies / CDU

The Framework and Action Plan 1 have already been developed. The activities and goals have been signed off by Cabinet, and resources have been allocated, especially to the activities set out in Action Plan 1.

Menzies / CDU has been tasked with creating a monitoring and evaluation plan for the Framework and Action Plan 1. This will help Territory Families to understand which activities and initiatives are making a positive change, and therefore, where to focus activities and resources for the next Action Plan.

To do this we need to understand when and how, and by how much, change has occurred in each activity area

Workshop Objectives

A Monitoring and Evaluation Plan of this magnitude requires the input of many stakeholders.

It's a little like fitting together the pieces of a really large jigsaw puzzle. With many stakeholders holding different pieces that we need to pull together to get a clear picture

We are looking to find out who has knowledge/information and on what, what baseline data exists, what information or data sources can be used to measure change, and what does the sector value in terms of change

Key Questions: What does change look like in the DFSV sector? How do we know it has occurred?

The Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018-2028 Safe, Respected and Empowered

Action Plan 1: Changing Attitudes: Intervening Earlier and Responding Better (2018-2021)

Example

We will run through each of the objectives of the DFSV Reduction Framework and Action Plan 1 to identify which ones you identify with or would like to provide input on

Here is an example:

- ▶ Outcome 2 - *Territorians at risk of experiencing violence are identified early and provided with effective interventions*
- ▶ Action 2.3 - Tailored responses, relevant to the specific needs of vulnerable communities, are developed for communities at risk of experiencing DFSV

Key questions:

- 1) What does this look like? What do tailored responses to vulnerable communities look like? Is it - More mainstream services? More specific services? Clear understanding amongst the sector of who vulnerable communities are?
- 2) How do you know change has occurred? Is it - a broader range of service provision? More vulnerable people accessing services? A enhanced sense of capability amongst the sector to respond to vulnerable groups?

Outcome 1: Domestic, Family and Sexual Violence is prevented and not tolerated

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
1.1 The community is educated about DFSV and protective behaviours	1) There is increased community understanding about respectful relationships in areas where programs have been delivered. 2) DFSV prevention initiatives in school and communities are developed, funded, and implemented 3) DFSV health and education programs actively involve men and boys.	
1.2 Policies that challenge rigid gender roles, gender inequality, sexism and discrimination are developed and implemented	1) Sexual Violence Prevention Strategy and Gender Equality Framework are developed and implemented across agencies 2) Gender and sexual diversity policy developed and overseen by an established community of practice	

Outcome 1: Domestic, Family and Sexual Violence is prevented and not tolerated

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
1.3 The number of organisations that actively reject DFSV and challenge gender inequality increases ➔	1) Community, religious and sporting leaders have organisational policies in place to challenge the reinforcing factors contributing to DFSV. 2) There is increased support by the government and local organisations for public, community focused campaigns on respectful relationships.	
1.4 The incidence of drug related DFSV is reduced through government policies that address harmful use of alcohol and other drugs. ➔	1) Drugs in schools policy is implemented with associated tools and resources. 2) There is better interagency collaboration on factors affecting DFSV such as housing, health, drug safety and alcohol. 3) Existing data sources are better able to identify factors that contribute to DFSV.	

Potential Indicators

- ▶ 1) Increased understanding about DFSV by the community (NCAS & PSS)
- ▶ 2) Increased understanding by children and youth about DFSV, respectful relationships and harmful behaviours
- ▶ 3) Decreased tolerance to DFSV by the community (bystander behaviour).
- ▶ 4) Increase understanding about consent in sexual relationships
- ▶ 5) Decreased numbers of sexual assaults
- ▶ 6) Decreased incidents of reported DFV
- ▶ 7) Decreased # of women experiencing repeated DFV
- ▶ 8) Reduction in deaths from DFSV
- ▶ 9) A decrease in the number of young offenders (under 25)

Outcome 2: Territorians at risk of experiencing violence are identified early and provided with effective interventions

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
2.1 Prevention programs are focused on protective behaviours and healthy consensual and respectful relationships ➔	1) 'Keeping Safe' child protection curriculum is developed and implemented in NT schools 2) NT Social and Emotional Learning Curriculum is implemented in schools. 3) Prevention programs are resourced and delivered by service providers.	
2.2 Research and data collection is undertaken to identify groups vulnerable to DFSV, and to document their needs ➔	1) The government and NGO sector can better estimate the demand for emergency shelter for women across specific areas in the NT 2) A better evidence base on the links between harmful factors and vulnerability to DFSV is established for the NT.	

Outcome 2: Territorians at risk of experiencing violence are identified early and provided with effective interventions

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
2.3 Tailored responses, relevant to the specific needs of vulnerable communities, are developed for communities at risk of experiencing DFSV ➔	1) Early intervention responses are established to those experiencing homelessness as a result of DFV 2) At risk groups have been identified and have access to outreach services	
2.4 Universal services and the community have increased capacity and capability to identify and respond to DFSV ➔	1) Common Risk Assessment tool established and in use by multiple agencies 2) Improved understanding, detection, and referral of DFSV by universal services 3) A cohort of NT Public service agencies has undertaken DFSV training	

Potential Indicators

- ▶ 1) Number of DFSV referrals received from universal services
- ▶ 2) Systematic, data-driven method for identifying vulnerable groups exists and is used
- ▶ 3) Number and breadth of tailored responses in place for vulnerable groups (eg. women experiencing homelessness)
- ▶ 4) Increased universal services workforce capacity and capability to respond to DFSV

Outcome 3: People experiencing DFSV are protected and helped to recover and thrive

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
3.1 Through information sharing systemic responses to high risk DFSV cases, including the FSF, have been strengthened and integrated.	1) FSF system is well-coordinated and responsive 2) There is adequate and broad cross agency and NGO representation on each FSF 3) The FSF has increased reach across the NT	
3.2 Client-centred and coordinated responses are enabled to respond to the needs of specific cultural, religious and community groups.	1) Place-based integrated service delivery models have been trialed and evaluated 2) Women in remote communities have improved access to safe spaces and interventions 3) Tailored responses exist for CALD women experiencing DFSV.	

Outcome 3: People experiencing DFSV are protected and helped to recover and thrive

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
3.3 The safety and wellbeing of the client is prioritised throughout the justice system	1) Evidence-based court support mechanisms for victims of DFSV are in place in Darwin and Alice Springs 2) Legal services are better networked with specialist DFSV services to assure victim support	
3.4 Client outcome are enhanced by the development of a capable and responsive system and workforce	1) An inter-agency community of practice on DFSV practice improvement is initiated and maintained 2) Workforce cohorts, such as corrections staff, have been trained in DFSV risk assessment and interventions 3) Wellbeing training for frontline Aboriginal staff in universal services has been developed and implemented.	

Outcome 3: People experiencing DFSV are protected and helped to recover and thrive

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
3.5 Increased sector capabilities to respond to children involved in DFSV assure that children exposed to DFSV are not further harmed through the response	1) Specialist DFSV children's services exist in the NT 2) There is evidence of DFSV response and support in school programs 3) Training has been provided to police officers responding to DFSV incidents where children are present	
3.6 An integrated and specialist DFSV services hub is developed in Tennant Creek to support women and children of the Barkly region	1) Women and children experiencing DFSV in the Barkly region have increased specialist and universal supports 2) An evidence base to inform the most appropriate service model for the Barkly region has been established	

Potential Indicators

- ▶ 1) Numbers of women who are safe before, during, and after court proceedings
- ▶ 2) Clients' values and services delivered are better aligned
- ▶ 3) More intensive service delivery for children as a result of the development of child focused training and policy manuals.
- ▶ 4) Number of cases using shared inter-agency information or interagency case mapping
- ▶ 5) Number of policies and services addressing CALD and remote women
- ▶ 6) Better outcomes for women and children of the Barkly region, as a result of the creation of a specialist Hub.

Outcome 4: Perpetrators are held accountable and connected early to responses that change their behaviours and reduce violence

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
4.1 Perpetrators are connected to timely, effective and evidence based behaviour change interventions in the community, youth detention, and diversion programs.	1) There is an increased range and number of perpetrator programs in the NT 2) That assessment and treatment protocols are developed and offered to male and female prisoners convicted of DFSV 3) That corrections officers are aware of assessment and treatment services for offenders convicted of DFSV	
4.2 Behaviour change interventions reduce re-offending	1) There is an increased number and range of perpetrator programs in the NT 2) Perpetrator programs are evidence-based and evaluated 3) Behaviour change interventions are based on evidence that reduces re-offending	

Outcome 4: Perpetrators are held accountable and connected early to responses that change their behaviours and reduce violence

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
4.3 The justice system is focused on rehabilitation and restoration of perpetrators to violence-free families	1) Perpetrator programs are aligned with, and assessed against National Outcome Standards for Perpetrator Interventions 2) Protocols and training packages about violence prevention and respectful relationships have been developed for delivery in youth detention facilities	
4.4 The community is empowered to support perpetrators to end the use of violence	1) Elders in Identified Aboriginal communities are engaged in perpetrator violence reduction initiatives 2) Violence reduction initiatives are understood by the community 3) There are clear mechanisms for community members to support perpetrators to live in violence free relationships	

Potential Indicators

- ▶ 1) Number and range of perpetrator interventions developed and implemented since 2018
- ▶ 2) Number of perpetrators who have engaged with programs
- ▶ 3) Improved understanding of protective and harmful factors associated with violent behaviour.
- ▶ 4) Level of engagement of community and Elders in holding perpetrators to account
- ▶ 5) Number of DFSV victim/perpetrators in youth detention;
- ▶ 5) Rates of DFSV reoffending amongst perpetrators
- ▶ 6) Number of sexual violence perpetrators in sex offender programs.
- ▶ 7) Number of sexual violence perpetrators/victims under the age of 18

Outcome 5: Legislation, policy and funding models enable a responsive, high quality and accountable DFSV service system

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
5.1 Policy and legislation that reduce DFSV exists and has high level support ➔	1) Relevant agencies such as police, corrections and justice have evidence that DFSV reduction policies have been developed and implemented 2) Policies and legislation are monitored for their effectiveness in reducing DFSV	
5.2 Policy and legislative changes are embedded across agency operational policy and practice ➔	1) There evidence of inter-agency cooperation on a common understanding of DFSV 2) Government agencies are aware of, and promote DFSV policies 3) The NTPS has explicit policies around DFSV	

Outcome 5: Legislation, policy and funding models enable a responsive, high quality and accountable DFSV service system

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
5.3 DFSV and child protection services are better integrated with one another ➔	1) There are models of integrated CP and DFSV services in select jurisdictions in the NT 2) There are increased links, referrals and networks between specialist DFSV services and CP practitioners	
5.4 Data, information and intelligence sharing is enhanced between stakeholders responding to DFSV. ➔	1) The amendments to the Information Sharing Bill are understood and acted on by the relevant actors 2) Data gathered and reporting requested is relevant to the Framework outcomes 3) There is interagency agreement about what constitutes relevant DFSV data.	

Outcome 5: Legislation, policy and funding models enable a responsive, high quality and accountable DFSV service system

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
5.5 Through research and evaluation, DFSV investment in the NGO and government sectors is focused on areas of greatest need and return ➔	1) DFSV investment is evaluated for anticipated and unexpected outcomes 2) The DFSVR Action Plans have inbuilt scorecards providing evidence on the process and outputs of their activities 3) DFSV investment is linked to the 10 year DFSVRF	

Potential Indicators

- ▶ 1) Number of DFSV policies implemented across the government and NGO sector
- ▶ 2) Number of funding models linked to evidence-based program outcomes
- ▶ 3) Organisations and government agencies with policies implemented under the Framework have improved service delivery.
- ▶ 3) Reduced incidents of sexual harassment claims in the workplace

Thank you for your time and
valuable input!

If you would like to contact us with further information or suggestions
please email: dfsversicereview@cdu.edu.au

Template Tables

Outcome 1: Domestic, Family and Sexual Violence is prevented and not tolerated

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
1.1 The community is educated about DFSV and protective behaviours	1). There is increased community understanding about respectful relationships in areas where programs have been delivered. 2) DFSV prevention initiatives in school and communities are developed, funded, and implemented 3) DFSV health and education programs actively involve men and boys.	
1.2 Policies that challenge rigid gender roles, gender inequality, sexism and discrimination are developed and implemented	1). Sexual Violence Prevention Strategy and Gender Equality Framework are developed and implemented across agencies 2) Gender and sexual diversity policy developed and overseen by an established community of practice	
1.3 The number of organisations that actively reject DFSV and challenge gender inequality increases	1) Community, religious and sporting leaders have organisational policies in place to challenge the reinforcing factors contributing to DFSV. 2) There is increased support by the government and local organisations for public, community focused campaigns on respectful relationships.	

1.4 The incidence of drug related DFSV is reduced through government policies that address harmful use of alcohol and other drugs.	<p>1) Drugs in schools policy is implemented with associated tools and resources.</p> <p>2) There is better interagency collaboration on factors affecting DFSV such as housing, health, drug safety and alcohol.</p> <p>3) Existing data sources are better able to identify factors that contribute to DFSV.</p>	
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Outcome 2: Territorians at risk of experiencing violence are identified early and provided with effective interventions

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
2.1 Prevention programs are focused on protective behaviours and healthy consensual and respectful relationships	<p>1). 'Keeping Safe' child protection curriculum is developed and implemented in NT schools</p> <p>2) NT Social and Emotional Learning Curriculum is implemented in schools.</p> <p>3) Prevention programs are resourced and delivered by service providers.</p>	
2.2 Research and data collection is undertaken to identify groups vulnerable to DFSV, and to document their needs	<p>1). The government and NGO sector can better estimate the demand for emergency shelter for women across specific areas in the NT</p> <p>2) A better evidence base on the links between harmful factors and vulnerability to DFSV is established for the NT.</p>	

2.3 Tailored responses, relevant to the specific needs of vulnerable communities, are developed for communities at risk of experiencing DFSV	<ul style="list-style-type: none"> 1). Early intervention responses are established to those experiencing homelessness as a result of DFV 2) At risks groups have been identified and have access to outreach services 	
2.4 Universal services and the community have increased capacity and capability to identify and respond to DFSV	<ul style="list-style-type: none"> 1). Common Risk Assessment tool established and in use by multiple agencies 2) Improved understanding, detection, and referral of DFSV by universal services 3) A cohort of NT Public service agencies has undertaken DFSV training 	

Outcome 3: People experiencing DFSV are protected and helped to recover and thrive

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
3.1 Through information sharing systemic responses to high risk DFSV cases, including the FSF, have been strengthened and integrated.	<ul style="list-style-type: none"> 1). FSF system is well-coordinated and responsive 2) There is adequate and broad cross agency and NGO representation on each FSF 3) The FSF has increased reach across the NT 	
3.2 Client-centred and coordinated responses are enabled to respond to the needs of specific cultural, religious and community groups.	<ul style="list-style-type: none"> 1) Place-based integrated service delivery models have been trialed and evaluated 2) Women in remote communities have improved access to safe spaces and interventions 	

	3) Tailored responses exist for CALD women experiencing DFSV.	
3.3 The safety and wellbeing of the client is prioritised throughout the justice system	1) Evidence-based court support mechanisms for victims of DFSV are in place in Darwin and Alice Springs 2) Legal services are better networked with specialist DFSV services to assure victim support	
3.4 Client outcome are enhanced by the development of a capable and responsive system and workforce	1) An inter-agency community of practice on DFSV practice improvement is initiated and maintained 2) Workforce cohorts, such as corrections staff, have been trained in DFSV risk assessment and interventions 3) Wellbeing training for frontline Aboriginal staff in universal services has been developed and implemented.	
3.5 Increased sector capabilities to respond to children involved in DFSV assure that children exposed to DFSV are not further harmed through the response	1) Specialist DFSV children's services exist in the NT 2) There is evidence of DFSV response and support in school programs 3) Training has been provided to police officers responding to DFSV incidents where children are present	
3.6 An integrated and specialist DFSV services hub is developed in Tennant Creek to support women and children of the Barkly region	1) Women and children experiencing DFSV in the Barkly region have increased specialist and universal supports 2) An evidence base to inform the most appropriate service model for the Barkly Region has been established	

Outcome 4: Perpetrators are held accountable and connected early to responses that change their behaviours and reduce violence

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
4.1 Perpetrators are connected to timely, effective and evidence based behaviour change interventions in the community, youth detention, and diversion programs.	1) There is an increased range and number of perpetrator programs in the NT 2) That assessment and treatment protocols are developed and offered to male and female prisoners convicted of DFSV 3) That corrections officers are aware of assessment and treatment services for offenders convicted of DFSV	
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4.4 The community is empowered to support perpetrators to end the use of violence	<ol style="list-style-type: none"> 1). Elders in identified Aboriginal communities are engaged in perpetrator violence reduction initiatives 2) Violence reduction initiatives are understood by the community 3) There are clear mechanisms for community members to support perpetrators to live in violence free relationships 	
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Outcome 5: Legislation, policy and funding models enable a responsive, high quality and accountable DFSV service system

Near-Term Goals (7 Years)	Short-Term Goals (3 Years)	Who? What would change look like? How we can measure it?
5.1 Policy and legislation that reduce DFSV exists and has high level support	<ol style="list-style-type: none"> 1) Relevant agencies such as police, corrections and justice have evidence that DFSV reduction policies have been developed and implemented 2) Policies and legislation are monitored for their effectiveness in reducing DFSV 	
5.2 Policy and legislative changes are embedded across agency operational policy and practice	<ol style="list-style-type: none"> 1) There evidence of inter-agency cooperation on a common understanding of DFSV 2) Government agencies are aware of, and promote DFSV policies 3) The NTPS has explicit policies around DFSV 	

5.3 DFSV and child protection services are better integrated with one another	<ul style="list-style-type: none"> 1) There are models of Integrated CP and DFSV services in select jurisdictions in the NT 2) There are increased links, referrals and networks between specialist DFSV services and CP practitioners 	
5.4 Data, information and intelligence sharing is enhanced between stakeholders responding to DFSV.	<ul style="list-style-type: none"> 1) The amendments to the Information Sharing Bill are understood and acted on by the relevant actors 2) Data gathered and reporting requested is relevant to the Framework outcomes 3) There is interagency agreement about what constitutes relevant DFSV data. 	
5.5 Through research and evaluation, DFSV investment in the NGO and government sectors is focused on areas of greatest need and return	<ul style="list-style-type: none"> 1) DFSV investment is evaluated for anticipated and unexpected outcomes 2) The DFSVR Action Plans have inbuilt scorecards providing evidence on the process and outputs of their activities 3) DFSV investment is linked to the 10-year DFSVRF 	

Appendix B – List of individuals consulted for the good practice review 2018-2019

Central Australia

Maree Corbo, Manager, Family Violence Prevention Program, Tangentyere Council

Dianne Gipey, Chief Executive, WoSSCA

Melissa Lindemann, Manager, DFVS, NPY Women's Council

Max Yffer, Director, Relationships Australia

Janet Taylor, Managing Principal Solicitor, Central Australian Women's Legal Service

Crista Bartjen-Westermann, Sexual Assault Referral Centre

Samantha Togni, S2 Consulting and evaluator for the NPY Women's Council

Top End

Nicky Fearn, Team Leader, Dawn House

Mary-Jane Baya, Manager DV Services and Catherine Booth House, Salvation Army

Regina Bennet, Director, Darwin Aboriginal and Islander Women's Shelter

Michael Torres, Manager, Darwin Indigenous Men's Service

Rachel Uebergang, Team Leader, NT Working Women's Centre

Cheryl Ah-Kit, former DAIWS worker

Danielle Dyall, Team Leader, Trauma Informed Care Training and Support, AMSANT

Government Agencies

Territory Families – Shirley Blundell, Lesley Merrett, Alana Ah-Toy, Joy Simpson, Josephine Pickering, Ingrid Crisan, Lorna Tilley, Danelle Bachelor, Wendy Portlouis, Jane Lloyd

Local Government, Housing and Community Development - Catherine Street

Health – Megan Howitt, Julie Ngahere

Correctional Services – Rosemary O'Reilly Martinez

Attorney-General and Justice – Carolyn Whyte, Esther Barigye

Police, Fire and Emergency Services - Kaitlyn Goodger, Shayne Warden

ⁱ Australia's National Research Organisation for Women's Safety, [Violence against women: Accurate use of key statistics](#), ANROWS Insights 05/2018, ANROWS, Sydney, 2018.

ⁱⁱ Australia's National Research Organisation for Women's Safety, [Violence against women: Accurate use of key statistics](#), ANROWS Insights 05/2018, ANROWS, Sydney, 2018.

ⁱⁱⁱ Ordre des CRHA et CRIA du Quebec, *Prevent violence at work*, <http://www.prevention-violence.com/en/intro.asp>.

^{iv} Protective Behaviours Association, *Protective behaviours – what's that?* PBA, 2019.

^v World Health Organisation, *Determinants (risk and protective factors) indicators*. WHO, 2004.

^{vi} Territory Families, [Northern Territory Sexual Violence Prevention and Response Framework: Discussion Paper](#). Northern Territory Government, 2019.

^{vii} Territory Families, Northern Territory's [Domestic, Family and Sexual Violence Reduction Framework 2018-2028 Safe, respected and free from violence](#), Territory Families, Northern Territory Government, 2017, p 11.

^{viii} United Nations International Children's Emergency Fund, *Violence against children*, UNICEF, 2015, <http://data.unicef.org.au/topic/child-protection/violence/>.

^{ix} Australian Government, *National Strategy for Young Australians*, 2010, https://www.youthpolicy.org/national/Australia_2010_National_Youth_Strategy.pdf.

^x While no shared definition of the word ‘healing’ in this context exists, its inclusion here is to pick up on programs that contain elements of healing in their service delivery or program outcomes. The definition of healing is usually contained within the context of individual programs.

^{xi} Child Protection and Youth Justice have been included here as they are included as related outcomes in the DFSVRF Action Plan 1.

^{xii} For example, the Australasian Evaluation Society has an Indigenous Evaluators Award, and provides stipends and professional development for Indigenous evaluators.

^{xiii} These assumptions are listed in Appendix C.

^{xiv} <https://www.anrows.org.au/perpetrator-interventions-research/>

^{xv} CAWG Communique, April 2019

^{xvii} CAWG Communique, April 2019