

Going Home Staying Home

SHS responses to clients experiencing domestic and family violence¹

When specialist homelessness services (SHS) deliver services to clients experiencing domestic and family violence (DFV), they must be aware that the following responsibilities and requirements are relevant, particularly where SHS are delivering multi-client service models.

Multi-client models in providing services to clients experiencing DFV

Some SHS will deliver multi-client service models which include women and children experiencing DFV. Combining multiple client groups in one service package does not necessarily indicate that services will be delivered from one location or that services will be a 'one-size-fits-all'. Services will be delivered to all client groups specified in the service description. This includes considering what staff specialisation is required to meet the particular needs of each of those groups and how different client groups will be accommodated in the available crisis and transitional properties and specialist service outlets.

It is important that SHS design their service delivery models to consider the implications of combining client groups. For example, it may not be appropriate to combine other client groups with women and children experiencing DFV with regards to service delivery components such as service outlets, outreach and/or crisis and transitional accommodation. In some circumstances, it may be appropriate to combine single women, and women with accompanying children who are experiencing DFV with those who are homeless or at risk of homelessness for other reasons. However, the issue of safety is paramount - SHS must ensure that services and outlets for clients experiencing DFV are separate to other client groups if this is necessary for their safety.

Staffing requirements

SHS delivering services to a client mix that includes clients experiencing DFV must have staff with specialised experience and/or qualifications in (though not limited to) counselling, social work, DFV, sexual assault, child protection,

¹ This document will be included as an appendix to the next version of the Practice Guidelines which is currently being prepared for issue early in January 2014.

advocacy and community welfare. Such staff will be experienced in trauma informed practice and strengths based casework and have the expertise to utilise a number of primary theories and frameworks which are considered appropriate and effective in working with women and children.

Service approaches to the issue of domestic and family violence

SHS will understand the complexity of women and children leaving DFV and will understand that homelessness driven by DFV is different from other forms of homelessness. Services will recognise that often women will make a number of attempts to leave the abusive relationship and return to the perpetrator before they leave for good. Services will apply an empowerment approach which supports the client to make her own individual choices and decisions.

Service delivery locations

SHS will have the specialised skills to deliver best practice approaches to support women either within a refuge environment or to remain in their home. SHS will determine the appropriate environment based on a principle of the safety of the women and children.

Systems to support delivery of services to clients experiencing DFV

SHS will have appropriate systems in place to respond to this client group, for example robust assessment processes to determine situations where crisis or temporary accommodation is required to support the safety of the client and children. The SHS will also have systems in place to undertake safety planning for the client/s.

Services for children escaping domestic and family violence

SHS will recognise that accompanying children are likely to require individual responses which are separate to responses provided to their mother or care giver. SHS providing services to clients experiencing DFV will have the capabilities and experience to provide a specialised response to children accompanying their mother or caregiver into a SHS service which provide responses to clients experiencing DFV. Alternatively, the SHS will facilitate referrals in order to access the appropriate services.

Working with stakeholders

SHS will be continuously improving their service responses to clients experiencing DFV through greater coordination and integration. Often this client group requires the involvement of multiple agencies such as the police, the court system, legal services, child protection agencies, child and family services, health services, and housing providers. Family, friends and the community can also play a key role and will be included in the overall

response if appropriate. The SHS will have skills to identify the necessary stakeholders to support the client, and understand and implement the mechanisms to bring them together in a coordinated and integrated manner.

Culturally appropriate responses for clients experiencing DFV

SHS responding to clients experiencing DFV who are from culturally and linguistically diverse (CALD) or Aboriginal backgrounds will have the necessary experience and skills to provide culturally appropriate responses which may differ from other client groups. SHS will ensure these culturally appropriate service responses are supported by the current evidence base and developed in collaboration with key stakeholders, including the local Aboriginal and CALD community.

Support for the prevention of DFV

SHS responding to women and children experiencing DFV will understand that community awareness can be an important strategy to provide information on available services as well as reducing the risk of domestic violence and homelessness.