



*Supporting Women and Children Experiencing
Family and Domestic Violence:*

THE ZONTA HOUSE

IMPACT REPORT

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Acknowledgement of country

In the spirit of reconciliation, CSI UWA and Zonta House acknowledges that their operations are situated on Noongar land, and that Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs and knowledge. We acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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Family and domestic violence is prevalent in our community and is a national emergency. It requires a multi-dimensional approach and significant investment to prevent the issue and address the long-term harm and implications of the experiences.

FOREWORD

It will require a whole of community approach to change the attitudes and behaviours that drive the violence and abuse that enables it to thrive in our neighbourhoods. We must do better to prevent the serious harm and death occurring at an alarming rate which disproportionately impacts women and children.

This report is a culmination of work that occurred over the past seven years, within the broader history of providing support and refuge to women for over 37 years. We know we must do things differently and that simply providing short term accommodation is not enough for women to recover from the trauma of their experiences and the implications the abuse has on all aspects of their lives. Family and domestic violence is a deliberate action: perpetrators choose to abuse and perpetrate violence upon victim survivors and strategically work to repress their acts of resistance. It is often debilitating for victim survivors, but the impacts reach further to children, families, loved ones and the community as a whole.

I would like to acknowledge the experiences of all victim survivors of family and domestic violence and in particular recognise that behind each number and each statistic is a woman whose story and experience is her own. I further acknowledge that while we play a significant role in supporting women and children at risk of harm as an organisation, we do work within a specialist sector, the broader community service sector, and importantly with the women themselves. Positive results and successes are therefore shared, and we particularly honour the strength, resilience, and work of the women we support that leads to their recovery. As service providers our role is to provide high quality responses to best support each individual.

At Zonta House we want to ensure that women who access our services receive the best possible care, and

we meet the needs of each woman through evidenced based and leading best-practice approaches. Along our journey this approach has become increasing sophisticated and therapeutic based on research, identified gaps in sector and community responses and evidence provided by the implementation of our outcome measurements. An ongoing issue and challenge, however, is that funding for family and domestic violence services has not met the demand and growth of this service sector.

In 2013 Zonta House conducted comprehensive research into the support services and programs that were being facilitated internationally and our findings demonstrated a lack of evidence of outcomes and impact. We needed to understand the people who were and were not accessing our services, the benefits of the support we did offer and the gaps that needed to be addressed. We wanted to evidence this by utilising measurements that weren't invasive and that were useful in supporting the individual. The choice of the DASS21 and the development of the Life Matrix as measurement tools were implemented as the most appropriate indicators at the time. We developed program logics for each program, ensuring that the foundation of each was client-centred. The women who come through our services are so diverse the only similarity and indicator of success could be 'if a woman is well, she is more likely to succeed in whatever her future holds.'

From the data and evidence collected we have been able to build a suite of eight different programs over this time, the majority informed by, and built on the needs of the women accessing the services. The programs have been funded often on short term funding grants, sponsorships and donations. This presents significant difficulties in managing the ongoing sustainability



of programs, staff retention, stability for clients and resources spent on seeking, applying, and acquitting this funding. We are seeking long-term funding for evidenced based programs that we can prove have a significant impact on the wellbeing and safety of women and children at risk of harm from family and domestic violence. We want to continue to innovate, share knowledge and models and adapt to the needs of our community. This can only be done with adequate investment. The positive social and economic benefit of investment into these services is not just limited to the individual but has far reaching implications for the community.

I would like to sincerely thank each of the organisations, groups and individuals that have provided in-kind or monetary funding that enables us to provide the level of care and support to women and their children. I would also like to give thanks and appreciation to our staff, committee and volunteers who are dedicated to our purpose and come to work every day to make a difference. I would like to thank the team at the Centre for Social Impact UWA led by Leanne and Paul who have provided their expertise and advice over the past 12 months and produced this inaugural report. This external analysis and evaluation is instrumentality important as it forms the foundation for our continued commitment to improvement and innovation; knowledge that will also inform a whole-of-community approach to supporting women and their children in their recovery, and ending domestic abuse and family violence.

Kelda Oppermann
Chief Executive Officer
Zonta House

*We escaped,
All of us,
From somewhere,
From someone,*

*We came to a familiar road,
We did not know each other,
We were different only in appearance,
face, skin color, culture...*

*But we walked together,
We stood firm,
We each had a backpack full of fatigue,
weakness, wounds, and disbelief.*

*We got a basket,
We picked flowers along the road,
Flowers of hope,
generosity, love, and sympathy.*

*Happy and smiling
We laughed,
We danced,
Oh, I remembered the name of the road
“Positive Pathway”.*

– Client’s reflection on the impact of Zonta House

The Centre for Social Impact at The University of Western Australia (CSI UWA) was engaged by Zonta House Refuge Association (Zonta House) to: analyse its existing data and assess the impact of its services and programs for women experiencing or at risk of experiencing Family and Domestic Violence (FDV); and develop internal capacity for evaluation and data analytics.

EXECUTIVE SUMMARY

This report presents an analysis of client outcomes with a view to understanding the impact of Zonta House and provides a statistical analysis of the validity and reliability of the Life Matrix tool developed and used by Zonta House to measure clients' wellbeing at intake and exit. Client outcomes refer only to those women who entered Zonta House programs and therefore do not include the many women who receive advice, information, and referrals from Zonta House without entering a program. Accompanying the present Impact Report is a detailed Technical Report which provides more detail on data sources, methods of analysis, and the results (Lester, Callis & Flatau, 2021).

Data analytics methods

As with many community agencies, Zonta House manages a number of programs and uses different platforms to store its data. As with other agencies funded to undertake Specialist Homelessness Services (SHS) programs (which are jointly funded by the Commonwealth and State/Territory governments), Zonta House utilises the Specialist Homelessness Information Platform (SHIP) to capture data. At the same time, Zonta House captures client outcomes information on SHS clients using the popular Penelope client management platform, which also is the platform for storing client service and outcomes across a myriad of other programs designed to provide a holistic service response to the needs of women and children experiencing family and domestic violence. This data capture includes Zonta House's innovative Life Matrix client outcomes approach.

CSI UWA's data analytics approach to assessing Zonta House's impact for women and children experiencing family and domestic violence involved a number of steps, all of which were undertaken in close collaboration with Zonta House staff thus building the capacity of both Zonta House and the CSI UWA.

- Operationalisation of Zonta House's program logics (which detail the relationships between resources, activities, outputs and outcomes) through mapping client outcomes to measures and data collections;
- Extraction of data from SHIP and Penelope, data cleaning and data linkage;
- Validity and reliability assessment of the Zonta House Life Matrix tool;
- Client outcomes and impact analysis.

The process of extracting and cleaning the data was extremely complex because of the way in which data was stored in the 'back end' of the Penelope database and the difficulty extracting data from the Penelope system into a format that enabled statistical analysis. Data from SHIP was relatively easily downloaded. Once the data from the two platforms was downloaded, linkage between the various data platforms was undertaken using processes which preserved client privacy.

After extracting and cleaning the data, CSI UWA undertook reliability and validity testing of the Life Matrix tool used by Zonta House as a case management and outcomes measurement tool.

CSI UWA found that the Life Matrix tool had strong face validity, such that there was minimal missing data and staff reported ease of completion. Factor analysis revealed that, if Zonta House wants to sum scores across domains to report a statistically reliable overall change to wellbeing, the score should be calculated using only the domains of emotional wellbeing, social wellbeing, community and cultural involvement, mental health, and physical health. We termed this the Revised Life Matrix tool, and found that it had strong internal consistency (the domains reliably measured the same construct, wellbeing), and convergent validity against the DASS-21, such that the Revised Life Matrix tool and the DASS-21 both measured wellbeing.

Client outcomes

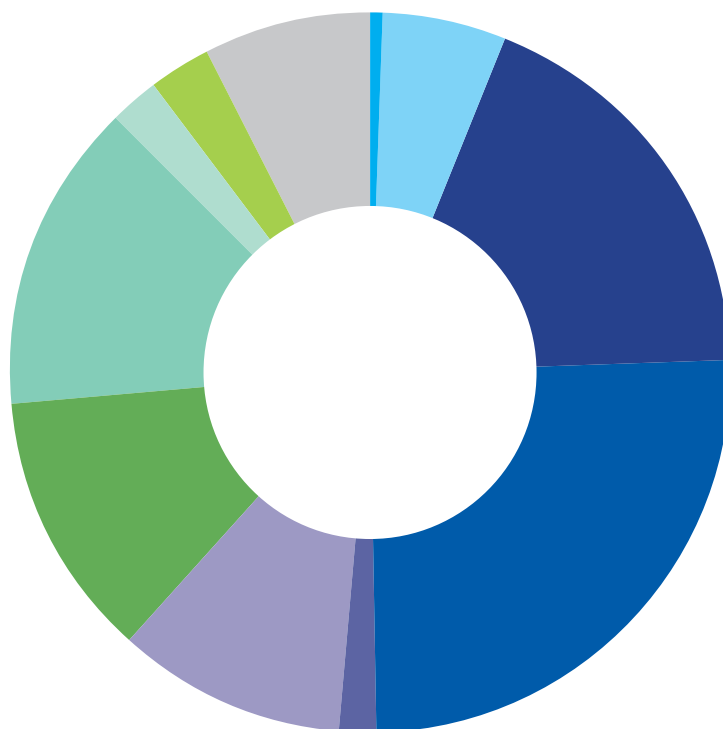
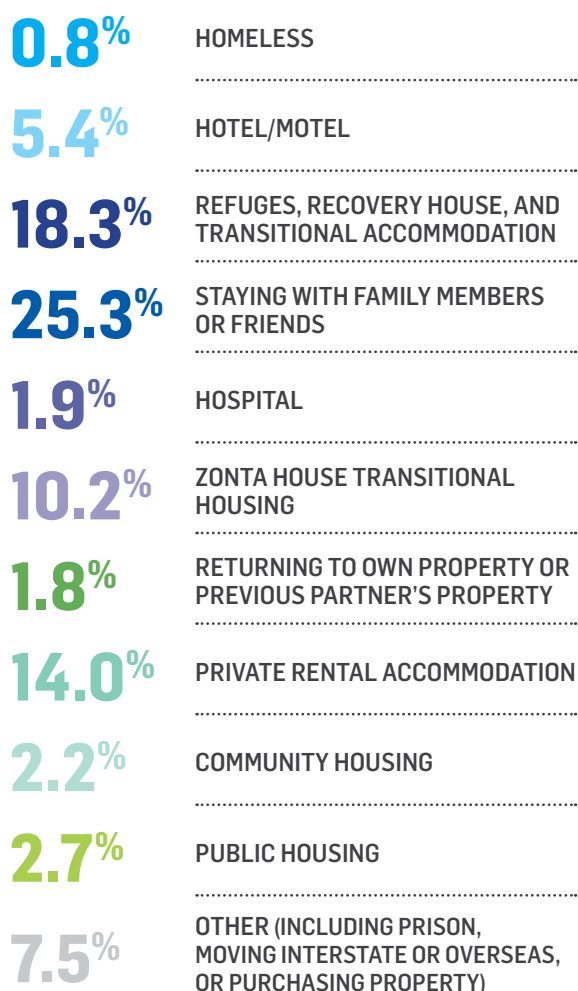
Data pertaining to a total of 1,734 clients of Zonta House between 2015 and 2020 were analysed in relation to the key outcome areas of safe accommodation, improved wellbeing, increased independence, better family relationships, and breaking the cycle of FDV. The majority of Zonta House clients are at high risk/risk of serious harm from a partner, spouse, or ex-partner. In almost all cases, women, their children, and families, have either been threatened harm or have experienced harm and report being terrified or afraid. Zonta House addresses client's immediate safety as well as developing future safety plans.

92% HIGH RISK/RISK OF SERIOUS HARM FROM PARTNER, SPOUSE, EX-PARTNER

94% WOMEN, CHILDREN OR FAMILY THREATENED OR EXPERIENCED HARM

81% REPORT BEING TERRIFIED OR AFRAID

FIGURE 2: Zonta House support period exit destinations from refuge accommodation (where recorded)



It would appear that options for exit into long-term permanent public and community housing are lower than would be desirable, and reflects the shortages of social housing exit options for women and children escaping family and domestic violence.

Safe accommodation

In addition to ensuring immediate physical safety, safe accommodation is critical to supporting women's recovery and healing from FDV. Women and children begin a support period in Zonta House's SHS from a position of unsafe housing. Between 2015 and 2020, Zonta House provided 542 women with crisis, transitional or long-term accommodation. More than three quarters of women who accessed accommodation were provided with crisis accommodation by Zonta House at some point (because women can have multiple engagements with Zonta House over time, they can receive multiple types of accommodation support over time).

The vast majority of women who began their support period from unsafe housing accessed Crisis Accommodation or Transitional Accommodation and exited Zonta House into safe accommodation with family and friends, private rentals, refuge/transitional housing, returned to their own property, or housing authority accommodation. In addition, referrals to other Zonta House programs during women's time in Crisis Accommodation or Transitional Accommodation are made. Zonta House programs such as Safer Pathways or Outreach enable women to live safely in their current home, ensuring women have safe accommodation on exit or have access to a refuge, and providing safety plans, welfare checks, Violence Restraining Orders, and security installations where appropriate.

Improved wellbeing

Improved wellbeing was measured by change in Life Matrix scores at exit relative to intake on the domains of physical health, mental health, emotional wellbeing, social wellbeing, and community and cultural involvement, and changes in DASS-21 scores at exit relative to intake.

Data collected by Zonta House across all programs using the DASS-21 shows that scores on each subscale – depression, anxiety, and stress – were significantly lower after engagement with Zonta House and its programs.

There was a positive change or significant positive change in several domains of the Life Matrix, most significantly emotional wellbeing, social wellbeing, and community and cultural involvement. The most significant positive increases for these domains were among women accessing the Crisis Accommodation and Future Employment Connections programs.

Overall, each program reported positive changes to women's physical health, mental health, and emotional and social wellbeing.

Increased independence

Independence was conceptualised as both women's economic independence and confidence and capacity to make decisions and take actions, particularly as they relate to employment.

Financial abuse and control are common acts by perpetrators of FDV, so having an independent source of income is a positive outcome for women who have experienced or are at risk of experiencing FDV. The majority (89%) of women had part-time or full-time work upon completion of the Future Employment Connections program. For 44% of women their main income source was the Newstart allowance (now called Jobseeker) and employment was the main income source for 13% of women. Upon exit from Safer Pathways, 62% of women received their main source of income from the Disability Support Pension, 16% from Newstart and 12% from the single parent payment.

In terms of confidence and capacity, the overwhelming majority (>90%) of women who had completed the Future Employment Connections program, reported having learnt new skills and gained knowledge, feeling like they had received relevant information and referrals to employment and volunteering opportunities, and feeling confident looking for jobs and encouraged and motivated to succeed.

Better family relationships

Zonta House works to improve family relationships by offering women parenting advice and support, as well as by improving the health and wellbeing of women themselves (including women who are pregnant) so that they can transfer these benefits to their children in the form of a more stable and positive future. Zonta House also provides advocacy support with Department of Communities Child Protection and Family Support, child contacts and visits, assistance with reunification, and family refuge housing.

Among women who completed the Safer Pathways for Women program there was a positive change in the scores for the parenting and children domain of the Life Matrix, contributing to better family relationships.

*I'm in Zonta resort,
and they say I am fun.
Not strange or angry,
mad or dumb.*

*I am grateful for those
who saw me that day.
Not the shell on the outside
that used to be Fay.*

*What a difference it makes
to find someone to listen.
A place of safety,
a place of healing.*

*I'm here with others,
each woman unique.
We shared the same fate,
so we vote with our feet.*

*I see them all
as they cry in the dark.
When loss creeps in
and makes its black mark.*

*Too horrible and fraught,
with tears and a wail.
I see them look through
water filled veils.*

*What hope do they cling to,
as they sit out the back.
They share their stories
and these histories are black.*

*Each day we spend here,
as men in the breech.
Ready and waiting,
for the hail storm might reach.*

*Our haven, here,
we can support each other.
Back to back we stand
and strengthen one another.*

*The longer we stay,
we stand taller and strong.
We grow, we learn,
we sing many songs.*

*Today some are free,
we can never forget.
We do what we can,
try not to live with regret.*

*The future I have,
I know and am sure
would not have happened
if I had not found hope,
when Zonta opened her door.*

– Client's reflection on the impact
of Zonta House

Breaking the cycle of FDV

The majority of women in the data set had only used crisis accommodation and transitional accommodation once (85% and 86% respectively), suggesting that the wraparound support, complementary programs, and referral pathways offered by Zonta House are helping to secure a sustainable, safe future for women. Only 7% of women who exit Zonta House return to an abusive relationship. In addition, there was a statistically significant increase in the FDV domain of the Life Matrix across all clients who had completed the Life Matrix upon entrance and exit of the program.

In addition, Zonta House supports many women with referrals to legal services to increase perpetrator accountability and address the legal component of their recovery. This includes but is not limited to advocacy services, court services, legal advice/information, support for Violence Restraining Orders, police reports and statements.

In summary

Fundamentally, the data demonstrate the benefit to women experiencing and at risk of experiencing FDV of being able to access and be referred to services that support wellbeing across the full spectrum of life. This is evident in high levels of engagement across program types, such that it appears to be unusual for a woman to only engage with one service type. It is also evident in significant improvements in Life Matrix domains among clients exiting programs that do not specifically target those outcomes (such as Future Employment Connections clients reporting increased housing scores).

Further, high numbers of referrals to complementary and wraparound supports reflect the broad range of needs of women experiencing or at risk of experiencing FDV (which in itself reflects the significant impacts of FDV on women, across all aspects of wellbeing). The referrals also reflect Zonta House's strong position in terms of connections to referral partners, as well as the trust among clients in Zonta House to first express their needs and then to engage further with services.

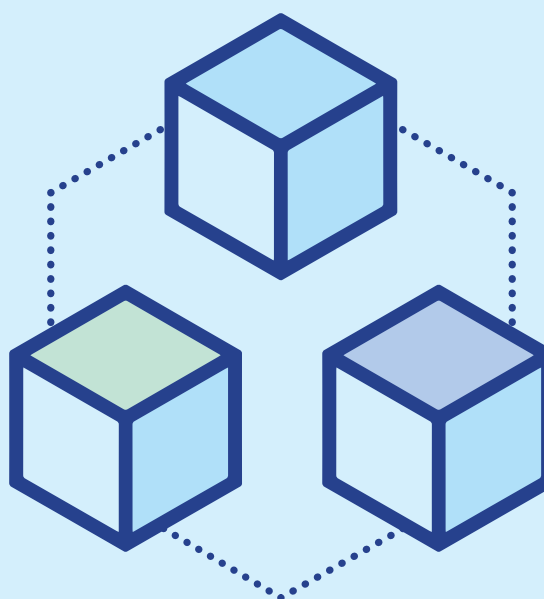
HOLISTIC CROSS-PROGRAM QUANTITATIVE ANALYSIS OF THE IMPACT OF ZONTA HOUSE

The CSI UWA report provides an innovative holistic cross-program quantitative analysis of the impact of Zonta House.

Existing qualitative evidence of impact and quantitative program-by-program quantitative analysis are important ingredients to understanding the impact of community programs. Zonta House's quantitative data collections, when linked, enable us to go deeper and build a cross-program holistic understanding of the impact of Zonta House. Building a stronger evidence base enables better decision-making and also a stronger platform for long-term funding and investment in Zonta House (and other community agencies), further enabling the provision of high-quality services that meet the needs of women and children experiencing or at risk of experiencing FDV.

Understanding the extent to which the programs of Zonta House are achieving their intended outcomes, as well as the extent to which these outcomes can be measured, is critical to increasing the evidence base on the impact of programs. It also helps build capability to demonstrate the impact of Zonta House on its clients and the broader community.

This CSI UWA impact analysis involved an innovative cross-program quantitative analysis, linking and cleaning of multiple datasets, and synthesising outcomes from each program to provide an assessment of the overall impact of Zonta House on women experiencing or at risk of experiencing FDV.



In 2020, Zonta House Refuge Association Inc. (Zonta House) engaged the Centre for Social Impact at the University of Western Australia (CSI UWA) to better understand the impact of its services and programs for women experiencing or at risk of experiencing Family and Domestic Violence (FDV), and to develop internal capacity for evaluation and data analytics.

INTRODUCTION

The process of extracting data from the various systems that Zonta House contributes data to for internal case management and outcomes measurement purposes as well as external contract requirements was complex. Even more complex was the process of cleaning and linking the data so that women's outcomes across programs could be analysed to provide a more holistic picture of the impact that Zonta House has on the lives of its clients. Further details can be found in the Zonta House Technical Report (Lester, Callis & Flatau, 2021).

Therefore, while the present report is not intended to be a full technical account of the data extraction, cleaning and analysis process required to derive the outcomes reported, the complexity and subsequent navigation of this process is a key learning from the engagement of CSI UWA with Zonta House. Further, issues relating to data are not unique to Zonta House; many community organisations input data into multiple, incompatible systems to meet operational needs and contractual requirements. Accordingly, it is our belief that brief documentation of the methodology may be beneficial for organisational readers, and will provide context to program operations and outcomes for general readers.

After providing background on FDV in Australia and Zonta House, this report details the methodology for extracting, cleaning and analysing the data recorded by Zonta House about its clients. We then present analysis of face validity, convergent validity, factor analysis, and reliability analysis of Zonta House's Life Matrix tool. Clients complete the Life Matrix tool at intake into and exit from Zonta House.

Clients are asked to rate their situation from 1 (worst) to 5 (best) across 14 domain of quality of life. Each scale point for each domain has a description of what that looks like, for example, "I have an affordable and stable home" is the description for scale point 5 on the

housing domain. The purpose of analysing the validity and reliability of the Life Matrix tool is to provide understanding of how and when the tool (overall or in its parts) can be used in a statistically robust way.

The report then details client outcomes across the outcome areas of safe accommodation, improved wellbeing, increased independence, better family relationships, and breaking the cycle of FDV. These outcome areas were identified through the program logics provided to CSI UWA by Zonta House for seven programs: Crisis Accommodation, Transitional Accommodation, Recovery Support, Outreach Support, Safer Pathways for Women, Future Employment Connections, and Positive Pathways. Data to measure these outcomes were sourced from Zonta House's internal case management system Penelope, the Specialist Homelessness Information Portal, and the Department of Housing. The data covered 2015–2020 and comprised 55 files and 345,000 records pertaining to 1,734 Zonta House clients.

It is important to note that the client outcomes presented in this report pertain only to women who entered the abovementioned Zonta House programs. Further, many outcomes can only be presented for women who completed assessments at intake and discharge. As such, outcomes and impacts for the many women who call Zonta House for information and advice, and/or receive referrals from Zonta House to other services are not captured here. Approximately one-third of Zonta House clients completed the Life Matrix and DASS 21.

Informed by the data and client outcomes, recommendations are then made with respect to data and the measurement of outcomes for Zonta House programs, and conclusions are drawn about the impact of Zonta House on its clients and the community more broadly.

Family and Domestic Violence (FDV) against women is highly prevalent in Australia, with 1 in 4 women experiencing psychological or emotional abuse and 1 in 6 women experiencing physical or sexual abuse perpetrated by a current or former partner since the age of 15 (Webster, 2016).

FAMILY AND DOMESTIC VIOLENCE IN AUSTRALIA

Australian police deal with an average of 657 domestic violence matters each day (Our Watch, 2015), ranging from threats to serious bodily harm. Though not specific to intimate partners, Western Australia Police recorded over 21,000 instances of assault perpetrated by family members in 2019/20. Of course, these figures represent only reported incidents; most incidents of FDV go unreported (Dunkley & Park, 2006), particularly to police, often because of fear, shame, and a lack of belief in a positive outcome from reporting (Birdsey & Snowball, 2013).

The negative impact of domestic and family violence is substantial. At the individual level, one woman is killed by an intimate partner every nine days and domestic violence accounts for 30% of homicides in Australia (ABS, 2020). For every woman killed, many more live at risk and in fear.

Beyond the immediate physical harms and threat of homicide, there are many short and long-term impacts on women as a result of experiencing FDV such as elevated risk of homelessness (Australian Government, 2008) and poorer health outcomes including increased risk of mental health issues, substance use (alcohol and illicit drug), injuries, and suicide (Webster, 2016). Consequently, intimate partner violence contributes more than any other individual risk factor to the burden of disease among young (18–44 year old) women (Webster, 2016). The impacts of FDV are intergenerational, such that children who are exposed to parental violence experience higher rates of emotional and behavioural problems, higher rates of childhood hospitalisation, and increased risk of violence in their own intimate relationships (Orr et al. 2020; Curry et al. 2013).

In addition to the physical and mental health impacts for those who experience FDV, there are economic costs associated with FDV. The economic costs of FDV arise from pain, suffering and premature mortality among those who experience it; health care to alleviate immediate injuries as well as treat the longer term impacts of the trauma resulting from experiencing FDV; loss of economic productivity through having to miss work (both paid and unpaid) due to injury, mental health impacts of abuse, having to attend appointments such as court, being harassed by their perpetrator while at work, and/or not being allowed to work; consumption costs such as property damage (in the short-term) and lower consumption (longer term); and the costs of caring for children or government intervention for children affected by FDV (PWC, 2015). The annual estimated cost of FDV in Australia is \$21.7b, with over half of this cost borne by those who experience FDV, and just over a third attributable to government service provision to people who experience FDV, their children, and perpetrators (PWC, 2015).

Research on FDV indicates that a key risk factor for domestic violence related homicides is the attempted or actual separation from the perpetrator by the person experiencing FDV, highlighting a clear need for interventions to support women and ensure their safety when they seek to escape abuse (Campbell, 2003). Further, there is evidence that rates of FDV are increasing, and that circumstances outside of victim/survivors' control such as the COVID-19 pandemic serve to increase the prevalence of FDV (Boxall, Morgan & Brown, 2020). Therefore, the high and increasing prevalence of FDV, the physical and mental health, social and economic costs associated with FDV, and the exceptionally high risk to safety of people who experience FDV serve to highlight a significant need for efforts and interventions to reduce FDV and support those experiencing it.

Efforts and interventions to address FDV and its impacts can be categorised as primary, secondary, and tertiary:



PRIMARY

Population-level interventions which seek to reduce the occurrence of abuse by targeting known drivers of domestic violence, including social conditions and attitudes. Examples of primary interventions in the FDV space are initiatives in schools and workplaces to create gender equitable environments, and advocacy and media campaigns that promote respect of women (Our Watch, 2017).



SECONDARY

Efforts centered on changing the trajectory for at-risk individuals to reduce their likelihood of experiencing or perpetrating domestic violence. Examples include men's behavioural change programs and cohort-specific educational programs.



TERTIARY

Interventions to support survivors, hold perpetrators accountable and prevent or reduce the recurrence of domestic violence. Examples include crisis accommodation, and mental health support.

As the next section elaborates, Zonta House is active in all three categories of efforts and interventions to address FDV. This report focuses primarily on the impact of its client-focused programs (i.e. those that constitute secondary and tertiary interventions), with a view to first understanding the outcomes achieved for clients – those women who experience or are at risk of experiencing FDV – to begin to measure the broader impact of Zonta House.

Zonta House is a specialist service provider that provides safety, essential relief and support to women who have experienced or are at risk of experiencing FDV. Their focus is to deliver high quality, innovative services to prevent and reduce family and domestic violence, providing intervention opportunities and support services to assist in the recovery of women and children who have experienced FDV.

ZONTA HOUSE

Operating since 1984, Zonta House is a not for profit organization in Perth, Western Australia that facilitates a high volume of activities and programs. Thirty-seven years of in-depth experiences of the issues faced and interests of women affected by FDV has enabled Zonta House to develop the majority of services based on the needs and wants of women and the gaps in the community. Zonta House currently has a total of 9 service arms:

- Supported Refuge Accommodation
- Supported Transitional Accommodation
- Recovery Support
- Positive Pathways to Safety for Women and their Children
- Safer Pathways for Women and Children
- Future Employment Connections
- Adult Justice Accommodation: Reintegration and Parenting
- Zonta House FDV Mobile Outreach
- Empowerment through Education

Family and domestic violence is a complex issue which requires a multi-dimensional response. Zonta House's holistic service delivery recognises the importance of prevention, early intervention, safety for victims and accountability for perpetrators. Multiple entry points and engagement opportunities with Zonta House services ensure a no wrong door to safety and support.

The impacts of FDV are manifold and can have life-long implications for individuals and families. Zonta House is able to mitigate the immediate and long-term impacts of trauma and FDV. Journeying alongside each woman and taking into consideration her specific situation and context, Zonta House's response and therapeutic

approach assist women to recover from their trauma and engage effectively in planning their future.

Supported Refuge Accommodation

Zonta House offers 24/7, refuge accommodation for up to seventeen women over 18, who currently do not have children in their care. All women engage with our Women Advocates and Support Coordinator teams and supported with their healing journey. The provision of case management uses a trauma-informed approach by understanding the emotional, physical and social impact of experiencing family and domestic violence. The teams work alongside the women to develop an individual plan which aims to build capacity, empower and walk alongside the woman throughout her recovery journey. Staff also provide resources, advocacy, information and warm referrals to specialist services, all of which are key to the woman's desired outcomes.

Funding is currently provided by the Department of Communities, rental income, donations and Chevron. One refuge has been operating since 1984 and another since 2019.

Supported Transitional Accommodation

Transitional housing is accessed by women who seek additional supports and/or have been unable to secure suitable supported, safe housing and/or affordable housing options post crisis accommodation stays. Zonta House has 27 short, medium transitional and long-term beds.

Transitional housing gives women the opportunity to have continued support in safe, affordable accommodation once exiting refuge accommodation. A Support Coordinator continues to provide case management support. During this time women are supported and encouraged to engage in further education, gain employment and link in with necessary

services to support and advocate for their individual needs and future goals and plans. This includes support and assistance to continue attending ongoing groups, workshops and counselling with Recovery Support, Future Employment Connections and Positive Pathways.

Funding is currently provided by the Department of Communities, rental income, donations, Woodside and the McCusker Charitable Foundation. This program has been operating in part since 1990.

Recovery Support

Integrated and coordinated service models within the Mental Health, Alcohol and/or other Drug (AOD), and Domestic Violence sectors in Australia are rare. Historically, the sectors have worked independently of each other despite the long-recognised co-occurrence of impacts faced by women experiencing FDV.

Recovery Support is able to facilitate and provide integrated and coordinated services relating to AOD, FDV and mental health support within refuge. Even if women do not have diagnosis or experience of mental health concerns and/or use substances problematically, by the very nature of their experience of FDV, trauma and harm exists and impacts on their individual wellbeing.

Recovery Support also provides an outreach service for women who move on to transitional properties or who wish to remain engaged with the program upon exit from Zonta House accommodation services. This 'opt-out' rather than 'opt-in' approach has served to normalise the provision and receipt of mental health specific support.

Funding is currently provided by the Mental Health Commission. This program has been operating since 2017.

Positive Pathways to Safety for Women and their Children

The Positive Pathways program is a unique specialist program that provides free tailored workshops for women in the community. Each workshop is aimed at decreasing the impact and breaking the cycle of FDV by focusing on a woman's recovery, safety, and wellbeing.

The program has a one-stop shop structure that prioritises a woman's wellbeing and security and breaks down the barriers for women to access other specialist support and services. The program helps nurture the woman's self-esteem, by fostering their feelings of social inclusion and connectivity and developing their assertive communication skills, social skills and coping strategies.

The workshops include guest speakers, referral opportunities and complementary services. Several workshops are co-facilitated with other service providers and collaborate with local business to provide additional activities such as art therapy, meditation, yoga, hairdressing, cooking, aromatherapy and self-defence sessions. Additional to the workshops, the Positive Pathways program provides individual coaching sessions and inter-agency advocacy and support.

Funding is currently provided by the Stan Perron Charitable Foundation. This program has been operating since 2014.

Future Employment Connections

The Future Employment Connections Program provides tailored and comprehensive employment and training support for women who have experienced family or domestic violence with the overall goal of economic independence. This focused specialist support enhances the likelihood of success towards economic independence and community integration in a safe environment. The program has established partnerships with service providers with specialist work experience and volunteering pathways in the best interest of the safety and wellbeing of participants. Zonta House engages with existing women's social enterprises for opportunities for participants, dependent on their individual training or employment goals through individual session and groups. Support is provided through one-on-one appointments and group workshops.

Funding is currently provided by Scanlon Foundation, Threads of Change, the Wheeler Charitable Foundation and Impact 100. This program has been operating since 2018.

Safer Pathways for Women and Children

Zonta House provides FDV specialist support to women who are Department of Communities – Housing Authority tenants in the Southeast metropolitan area. Safer Pathways works with women who are residing separately from their perpetrators as well as with women who are residing with perpetrators.

The program provides supports and interventions to keep women and children safe in their homes by utilising effective strategies that reduce domestic violence offending. This is accomplished through comprehensive risk assessment, safety planning, case management as well as education and awareness for both the tenants and property officers. Additionally, Safer Pathways works alongside property officers and other professionals to empower them in recognising the signs of family violence and to confidently offer assistance in a sensitive and supportive manner.

Funding is currently provided by the Department of Communities. This program has been operating since 2016.

Zonta House FDV Mobile Outreach

Zonta House was provided a six month grant by Lotterywest in response to the increased need for outreach domestic violence services throughout the period of COVID-19. The Outreach program provides FDV specialist support to women in the South-east corridor of Perth. The program works with women who are residing separately from their perpetrators as well as with women who are residing with perpetrators.

Women are provided with the opportunity to be supported through brief intervention and/or case management support. Case management includes risk assessment, safety planning, support to attend appointments, court hearings and ongoing emotional support as well as support with referrals and advocacy to external services.

The Outreach Support Coordinator is based at the Fremantle/ Rockingham Family Support Network one day per week, providing family violence support to the intake, assessment and case management teams. This program operated from July to December 2020 supporting 50 women at high risk of harm. This model is now being utilised as the foundation of the South-East Mobile Outreach program in a consortium arrangement with Lucy Saw Centre and Ovis across three Perth metropolitan corridors.

Funding is currently provided by Lotterywest and the Lucy Saw Centre through the Department of Communities. The program has been operating since 2020.

Adult Justice Accommodation: Reintegration and Parenting

Zonta House is a sub-contractor to Centrecare as part of a Consortium led by Wungening Aboriginal Corporation and provides support to women in and after leaving prison. This is recognition of the high representation of women in prison who have experienced family and domestic violence and the need for a specialist lens of support.

Accommodation

Zonta House provides a 4-bed accommodation service to women exiting prison who have experienced family and domestic violence. The ReSet reintegration team provide comprehensive case management in collaboration with Zonta House. This is a vital service for women who may otherwise be unable to exit prison due to lack of safe, suitable and affordable accommodation.

By providing a flexible, supportive environment for women to reside whilst reconnecting they are better equipped to reconnect with their children, gain employment and secure long term, safe and stable accommodation.

Reintegration

Zonta House employs a Reintegration Officer who provides intensive case management support to women in and who have exited prison. This case management support includes informal counselling, advocacy and warm referrals to specialist services.

Funding is currently provided by Centrecare Inc through the Department of Justice. This program has been operating since 2018.

Parenting

Zonta House employs a Parenting counsellor who facilitates workshops and provides one on one support to women in, and who have exited prison.

Empowerment through Education

In 2021 Zonta House has formalised this service which has previously been offered in-kind and absorbed through existing resources. The increased demand has led to a successful grant for funding for a Training Officer to lead this service. In responding to domestic and family violence, it is time to focus on prevention and early intervention. Zonta House believes that anyone can be trained to recognise the signs of family violence and offer assistance in a sensitive and supportive manner. We can all play a role in creating a culture of respect and preventing violence.

Zonta House aims to increase awareness and improve responses to domestic violence. This will be accomplished through three focus areas:

Primary Intervention – Bystander programme to the general community to educate and bring about social and cultural change.

Early Intervention – Workshops provided to universal services and organisations to help members of staff identify and support individuals experiencing FDV; and

Crisis Response – Service specific training provided to front line and specialist services ensuring uniform assessments and consistent responses to family violence across agencies.

All training will include components of the provision of practical actions that participants can do to prevent FDV, support perpetrators and increase safety for victims. Funding is currently provided by Lotterywest.



SUPPORTED
REFUGE
ACCOMMODATION

SUPPORTED
TRANSITIONAL
ACCOMMODATION

RECOVERY
SUPPORT

POSITIVE PATHWAYS
TO SAFETY
FOR WOMEN AND
THEIR CHILDREN

SAFER PATHWAYS
FOR WOMEN
AND CHILDREN

FUTURE
EMPLOYMENT
CONNECTIONS

ADULT JUSTICE
ACCOMMODATION:
REINTEGRATION
AND PARENTING

ZONTA HOUSE
FDV MOBILE
OUTREACH

EMPOWERMENT
THROUGH
EDUCATION

ZONTA HOUSE SERVICES



CSI UWA utilised its data analytics expertise to dig deeper into available data sources from internal and external systems, including data held by Zonta House and by external agencies including the Specialist Homelessness Information Platform.

DATA ANALYTICS METHODOLOGY

The process undertaken by CSI UWA involved cleaning, linking and analysing the data to provide insights into the impact that Zonta House has had on its clients. The scope of the data in terms of timeframe is 2015–2020, and in terms of programs includes Crisis Accommodation, Transitional Accommodation, Recovery Support, Outreach Support, Safer Pathways for Women, Future Employment Connections, and Positive Pathways.

As with many community agencies, Zonta House manages a number of programs and uses different platforms to store its data. As with other agencies funded to undertake Specialist Homelessness Services (SHS) programs (which are jointly funded by the Commonwealth and State/Territory governments), Zonta House utilises the Specialist Homelessness Information Platform to capture data. At the same time, Zonta House captures client outcomes information on SHS clients using the Penelope platform, which also is the platform for storing client service and outcomes across a myriad of other programs designed to provide a holistic service response to the needs of women and children experiencing family and domestic violence. This data capture includes Zonta House's innovative Life Matrix client outcomes approach.

CSI UWA's data analytics approach to assessing Zonta House's impact for women and children experiencing family and domestic violence involved a number of steps, all of which were undertaken in close collaboration with Zonta House staff thus building the capacity of both Zonta House and the CSI UWA.

- Operationalisation of Zonta House's program logics (which detail the relationships between resources, activities, outputs and outcomes) through mapping client outcomes to measures and data collections;
- Extraction of data from SHIP and Penelope, data cleaning and data linkage;

- Validity and reliability assessment of the Zonta House Life Matrix tool;
- Client outcomes and impact analysis.

Determining outcomes

Determining the outcomes to report on to provide insights about the impact that Zonta House has on its clients involved consideration of the goals of each program and the mission and purpose of Zonta House.

The vision of Zonta House is a safe and equitable community and, within that vision, the purpose of Zonta House is to improve the lives of women and their families who have experienced or are at risk of experiencing family and domestic violence (Zonta House, 2020).

The Technical Report produced for Zonta House (Lester, Callis & Flatau, 2021) outlines program logics for Zonta House's Crisis Accommodation, Transitional Accommodation, Recovery Support, Outreach Support, Safer Pathways for Women, Future Employment Connections, and Positive Pathways programs. These program logics identify the critical issues that each program seeks to address, its inputs (the resources required for its operation), its activities (what the service does), and its targeted outcomes and data sources that can completely or partially measure those outcomes.

While each program has its own goals specific to the need it fulfils with its activities (e.g. job seeking outcomes are targeted by the Future Employment Connections program, but not by the Crisis Accommodation program), there are clear, core threads among the outcomes that run across programs and link closely to the purpose and vision of Zonta House.

Safe accommodation: Providing or assisting women who are experiencing or are at risk of experiencing FDV with safe and secure accommodation, and ensuring that they exit into safe, secure, and sustainable accommodation are key outcomes across several Zonta House programs.

Improved wellbeing: A key outcome of all Zonta House programs is increased client wellbeing, with wellbeing comprising social, emotional and mental wellbeing and physical health wellbeing. Within the social, emotional and mental wellbeing component, key outcomes for many programs include decreased overall mental health distress and decreased depression, anxiety and stress.

Increased independence: All Zonta House programs seek to increase women's independence through increased knowledge and capability to make decisions independently, as well as capacity building towards economic independence and engagement with the community.

Better family relationships: Increased family wellbeing and improved parenting and family relationships are desired outcomes of several Zonta House programs.

Breaking the cycle of FDV: Ultimately, Zonta House seeks to break the cycle of FDV. All of the outcome areas mentioned above contribute to this fundamental, measurable goal.

This report presents results for these five key outcome areas for women who engaged with Zonta House programs. Further, many outcomes can only be assessed for women who completed intake and exit assessments from programs. Therefore, measured outcomes and impacts created by Zonta House only relate to women with completed assessments. Beyond these measured impacts, Zonta House creates further impacts for the many women that receive information, advice and referrals from Zonta House without entering their programs.

Data sources

Several client data sources were drawn on to demonstrate outcomes across the five outcome areas of safe accommodation, improved wellbeing, increased independence, better family relationships, and breaking the cycle of FDV.

Specialist Homelessness Services (SHS)

Zonta House programs that are funded as Specialist Homelessness Services (SHS) collect client data

in line with contract requirements. These include client demographics, clients' reasons for presenting to the services, their housing outcomes, including accommodation status at entry and exit, whether FDV assistance was provided, information about general assistance provided, and specialised services accessed.

Department of Housing

The Department of Housing data has been used to assess outcomes related to Safer Pathways clients regarding police callouts, disruptive behaviours, evictions, and strikes/complaints against clients residing in public housing.

Life matrix

The Life Matrix is a tool completed with clients at intake into Zonta House and at exit. Clients are asked to rate on a 1 (worst) to 5 scale their situation across the domains of housing; finance; employment; physical health; mental health; emotional wellbeing; social wellbeing; legal; education; parenting/children; immigration and visa; family and domestic violence; alcohol and other drugs; and community/cultural involvement. Each scale point comes with a description – for example, scale point 5 on the housing domain is “I have an affordable and stable home” and scale point 1 on the mental health domain is “I have complex mental health concerns, they are getting worse, and I feel they affect my whole life. I have no support”.

DASS-21

Zonta House clients also complete the 21-item Depression, Anxiety, and Stress Scales (DASS-21; Lovibond & Lovibond, 1995) at intake and exit. The DASS-21 comprises three subscales measuring levels of stress, anxiety, and depression. Clients are asked to indicate the frequency with which they experienced certain physical and emotional feelings indicative of stress, anxiety and depression over the week prior to survey – never, sometimes, often, or almost always (scored 0-3).

An example item of the stress subscale is ‘I found it hard to wind down’, of the anxiety subscale, an example item is ‘I felt I was close to panic’, and ‘I found it difficult to work up the initiative to do things’ is an example of the depression subscale. Scores for each subscale (stress, anxiety, and depression) range between 0 and 21 and are calculated by summing the scores of the items within each subscale.

TABLE 1: Key outcome areas and data sources

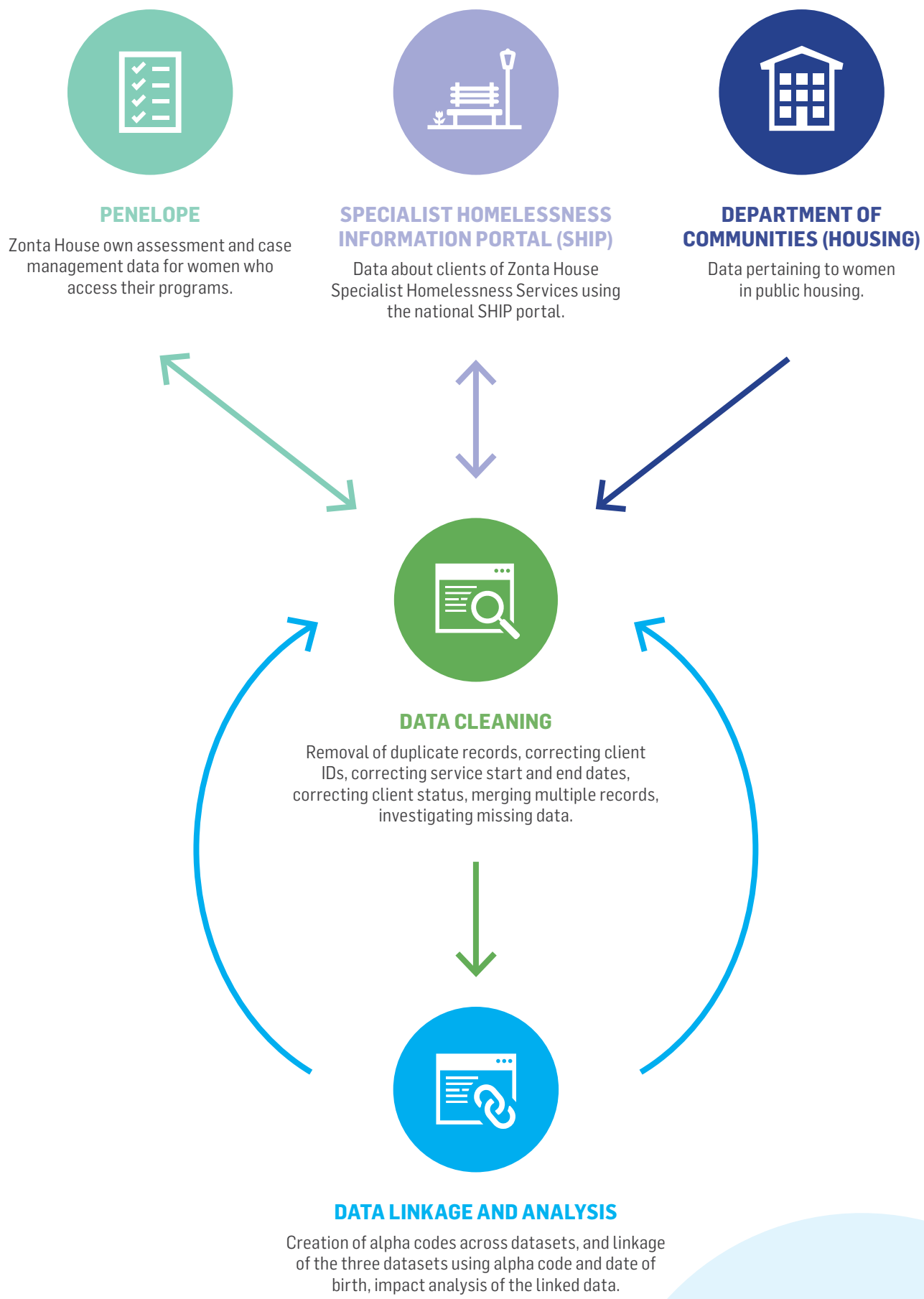
OUTCOME AREA	INDICATOR	DATA SOURCE
SAFE ACCOMMODATION 	Number of women provided with accommodation	Penelope – Case management information
	Increased score on housing domain of Life Matrix	Penelope – Life Matrix
	Accommodation referrals by type	Penelope – Case management information
	Accommodation on program exit	SHIP and Penelope – Exit data
IMPROVED WELLBEING 	Decreased DASS-21 scores	Penelope – DASS-21
	Increased score on mental health domain of Life Matrix	Penelope – Life Matrix
	Increased score on physical health domain of Life Matrix	Penelope – Life Matrix
	Increased score on emotional wellbeing domain of Life Matrix	Penelope – Life Matrix
	Increased score on social wellbeing domain of Life Matrix	Penelope – Life Matrix
	Increased score on cultural and community involvement domain of Life Matrix	Penelope – Life Matrix
	Referrals to further wraparound support	Penelope – Case management information
INCREASED INDEPENDENCE 	Sources of independent income	SHIP
	Confidence in job seeking skills	Penelope – Case management information
	Referrals to new (not previously accessed) wraparound supports	Penelope – Case management information
BETTER FAMILY RELATIONSHIPS 	Increased score on parenting and children domain of Life Matrix	Penelope – Life Matrix
	Referrals to parental support services	Penelope – Case management information
BREAKING THE CYCLE OF FDV 	Proportion of women who access emergency accommodation services once	SHIP and DoH
	Referrals to services to support legal actions to protect women from FDV	Penelope – Case management information

Data extraction, cleaning and linkage

The process of extracting, cleaning and linking data in order to be able to report outcomes for Zonta House clients across programs was complex and difficult. First, data had to be extracted from multiple systems. It then had to be cleaned, which involved the identification and correction of data entry errors and formatting of

the different datasets to ensure compatibility. Then, the different datasets had to be linked into a single file that represented a client's experiences across the often multiple services they received support from. Data linkage revealed further data issues that needed to be corrected and cleaned, making the derivation of a usable dataset an iterative, manual process.

FIGURE 2: Visual depiction of data extraction, cleaning, linkage and analysis process



Data extraction

Data used for this report was held in three data systems: Zonta House's internal case management system Penelope, the Specialist Homelessness Information Platform (SHIP), and the Department of Housing. Each were held in different formats, and SHIP data had different client identifiers to Penelope and Department of Housing data.

Downloading data from Penelope was a complicated procedure that required specialist data retrieval due to the way data is currently stored within the Penelope system. Data is stored within Penelope in long form, with many records for each client. Each document (e.g., a Positive Pathways feedback form) stored within Penelope has one client record for each response on the form. A total of 55 files comprising 345,000 records and documents relating to 1,734 clients of Zonta House services were downloaded.

Data was downloaded from SHIP in a comma separated value (.csv) format by Zonta House. Department of Housing data was provided to CSI UWA by Zonta House in Excel format (.xlsx), with data collated by month.

Data cleaning

As data is manually entered into both Penelope and SHIP platforms it is imperative that data entered is correct to enable linkage of as many client records as possible. There were many client identification errors in both systems where date of birth was entered incorrectly and client names were misspelt. A comprehensive data cleaning process was implemented to clean data in both systems.

Data cleaning for Penelope data involved:

- Removing or merging duplicate client records
- Correcting client ID information
- Correcting client status where the service has a start and end date, but the status is still open
- Correcting client service start and end dates
- Correcting case service descriptions for consistency
- Multiple form identifiers were found and merged
- Investigating missing client program information

Data cleaning for SHIP data was performed by Zonta House staff and involved the checking and amending of client identifying information (date of birth and name).

Data linkage

Data linkage involves the collation of data from different sources to create a unit record file (URF) where all data for each client is captured in one 'unit', usually a row of a dataset. Data linkage across data systems was required in order to more fully capture women's journeys through Zonta House and gain a more complete understanding of the impact of both individual programs and the overall impact of Zonta House on its clients. In order to do this, the SHIP data on Zonta House Clients were downloaded with an alpha code created from clients' names in place of their full names.

An alpha code was then created within the cleaned Penelope dataset using client name. This alpha code provided the linkage key, enabling data from different sources to be connected and queried. Analysis of the linked data is presented throughout the report and provides an understanding of the Zonta House client base, and the outcomes of the services they are using.

Data analysis

Data analysis involved two components. First was testing the reliability and validity of the Life Matrix tool used by Zonta House to facilitate assessment of clients' needs and outcomes. Reliability testing determines whether the questions within the tools are measuring the same construct (e.g. wellbeing) and can therefore be used together to reliably assess that construct. Validity testing determines whether a tool measures what it intends to measure.

The second component of the data analysis was measuring the outcomes of Zonta House clients in the outcome areas of safe accommodation, improved wellbeing, increased independence, better family relationships, and breaking the cycle of FDV.

Reliability & validity of data collection instruments

The Life Matrix measures quality of life across 14 domains. Its utility as a case management tool is clear; it helps to identify key areas in which a client can be supported, which enables Zonta House clients and staff to develop an individualised and appropriate case management plan. Completing the Life Matrix at intake and exit also lends itself to pre-post measurement of outcomes. In order to have confidence in the measures, statistical testing of their reliability and validity is required.

The purpose of testing the reliability and validity of the Life Matrix is to assess its statistical robustness as a measure of wellbeing. Part of this involves comparing it against an already established measure. The measure used in this case was the DASS-21.

FOUR TYPES OF RELIABILITY AND VALIDITY OF THE LIFE MATRIX WERE TESTED:



FACE VALIDITY: Whether the Life Matrix is easy to understand and complete. Face validity is indicated through the data if most Life Matrixes are fully completed.



FACTOR ANALYSIS: whether the Life Matrix measures one overarching theme (e.g. wellbeing) or multiple themes. Factor analysis is a statistical procedure that identifies how many 'factors' the data reflects, and which questions get at which factors.



RELIABILITY: Do the items of the Life Matrix work together to measure an overall construct (e.g. wellbeing) and/or sub-constructs (e.g. mental health, housing)? Reliability is determined through calculation of a statistical measure, in this case Cronbach's alpha. If Cronbach's alpha for a given set of items is greater than 0.7, the measure is generally considered reliable.



CONVERGENT VALIDITY: Convergent validity measures whether two constructs that should be related are related. Convergent validity of the Life Matrix was assessed against the DASS-21, an established, validated tool, to determine whether they get at the same general construct. Convergent validity is established if there are high correlations between scores on the Life Matrix (or its sub-constructs) and DASS-21 scores.

Outcomes

Outcomes in the key outcome areas of safe accommodation, improved wellbeing, increased independence, better family relationships, and breaking the cycle of FDV were assessed with reference to the specific outcomes identifiable in the data, which largely focused on the changes that occurred between a woman's entry into and exit from Zonta House. These were measured through the Crisis Accommodation, Transitional Accommodation, Recovery Support, Outreach Support, Safer Pathways for Women, Future Employment Connections and Positive Pathways programs.

Outcomes were measured through statistical analysis of linked data including the Penelope data, Life Matrix survey responses, SHIP data and Department of Housing data. Alongside other measures such as DASS 21, the Life Matrix was utilised in particular to establish outcomes in the areas of health and wellbeing, accommodation, family relationships, economic independence and family relationships. Data from SHIP and the Department of Housing, together with internal data collected through Penelope, was utilised mostly to assess outcomes around accommodation, economic independence, and breaking the cycle of FDV.

THE LIFE MATRIX: VALIDITY & RELIABILITY OF THE TOOL

The Life Matrix records (n=2,334) and DASS 21 records (n=16,338) at October 2020 were downloaded from Penelope in a long format (unique event per row). Both files were converted to a wide format (unique client per row) and combined into one file. The final dataset contained n=417 records, pertaining to n=269 clients.

Face validity

Zonta House staff reported that the Life Matrix was simple and quick to administer and concepts used were well-understood by clients. Missing Life Matrix data ranged from 0.2%–6.7%, with the immigration and visa domain having the largest amount of missing data. The ease of administering the Life Matrix and the low amount of missing data indicate acceptable face validity.

Factor analysis

A factor analysis was performed to determine the underlying themes of the Life Matrix. Five distinct factors were found with reliability ranging from 0.739 (good internal consistency) to 0.312 (poor internal consistency). Accordingly, if a total Life Matrix score is to be used (referred to from here as the Revised Total Life Matrix Score), to ensure statistical reliability, the score should only include the domains of emotional wellbeing; social wellbeing; community and cultural involvement; mental health; and physical health.

Note that this does not suggest that other domains shouldn't be used in case management, merely that if a total score on the Life Matrix is to be used and statistical changes in that score are to be reported, only the Revised Total Life Matrix Score should be used to ensure statistical reliability.

Reliability

The Revised Total Life Matrix Score, comprising the domains of emotional wellbeing; social wellbeing; community and cultural involvement; mental health; and physical health has an acceptable Cronbach's alpha of 0.739.

Convergent validity

To assess whether there was convergent validity between the Revised Total Life Matrix Score and the DASS-21, a series of Pearson correlations were run. The Revised Total Life Matrix Score was significantly correlated with depression ($r=-.479$, $p<0.01$), anxiety ($r=-.464$, $p<0.01$), and stress ($r=-.442$, $p<0.01$). What this demonstrates is that as depression, anxiety and stress scores increase, the Revised Total Life Matrix Score decreases.

The correlation matrix of Life Matrix Domains and DASS 21 revealed a predictable pattern. The strongest correlations were between the Revised Total Life Matrix Score domains emotional wellbeing; social wellbeing; community and cultural involvement; mental health; and physical health and DASS 21 scores. The directions of the correlations were all in expected directions (i.e., lower scores for each of the Life Matrix domains were associated with higher depression, anxiety and stress scores) except for Immigration and visa.

A linear regression predicting the depression, anxiety and stress scores by the Revised Total Life Matrix Score domains revealed that mental health and community and cultural involvement were the strongest predictors of depression, emotional wellbeing and social wellbeing were the strongest predictors of anxiety, and emotional wellbeing was the strongest predictor of stress.

TABLE 2: Correlation matrix of Life Matrix domains and DASS-21 domains

LIFE MATRIX DOMAINS		DEPRESSION	ANXIETY	STRESS
Emotional wellbeing	⬆	⬇	⬇	⬇
Social wellbeing	⬆	⬇	⬇	⬇
Community and cultural involvement	⬆	⬇	⬇	⬇
Physical health	⬆	⬇	⬇	⬇
Mental health	⬆	⬇	⬇	⬇

Increasing Life Matrix scores are significantly correlated with decreasing depression, anxiety and stress scores.

More than three quarters of women who accessed accommodation were provided with crisis accommodation by Zonta House.

CLIENT OUTCOMES

KEY IMPACT FINDINGS

The data demonstrate the impacts of Zonta House programs for women experiencing and at risk of experiencing FDV in the following key areas:

- **Provision of safe and supportive accommodation:** Zonta House provided over 500 women (and their children) who were in unsafe accommodation and experiencing family and domestic violence with safe crisis or transitional accommodation between 2015 and 2020. Many of these women engaged with multiple other services within Zonta House in a rich empowering environment and were also referred to other services.
- **Increased wellbeing of women:** Women completing Zonta House programs report significant decreases in depression, anxiety and stress, and significant positive increases in the Life Matrix domains including physical health, mental health, emotional wellbeing, social wellbeing and community/cultural involvement.
- **Increased independence of women:** Women reported increased independence in the form of their own income sources and increased confidence and capacity in terms of job seeking and employment.
- **Better family relationships:** Significant increases were seen in scores on the parenting and children domain of the Life Matrix.
- **Breaking the cycle of FDV:** Most women only accessed crisis (85%) or transitional accommodation (86%) once. There were high rates of engagement across Zonta House and referral to services to support women's recovery from FDV including, importantly, legal services.

Profile of Zonta House Clients

The majority of Zonta House clients are at high risk/risk of serious harm:



75% WOMEN REPORT BEING ISOLATED FROM FAMILY FRIENDS, AND OTHER SUPPORTS

88% BEING CONTROLLED

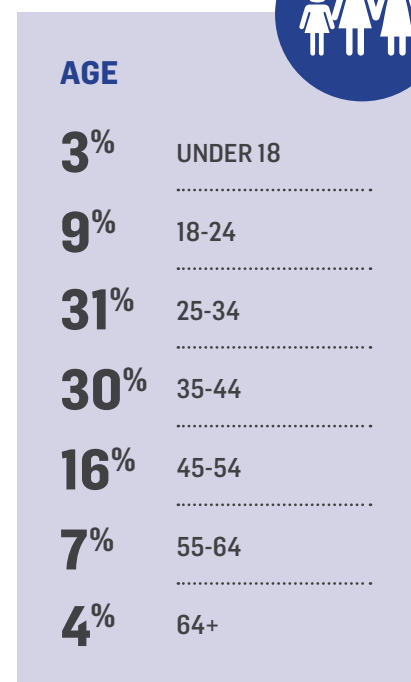
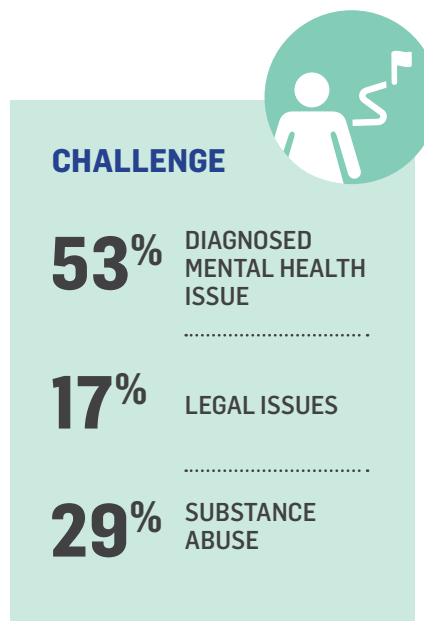
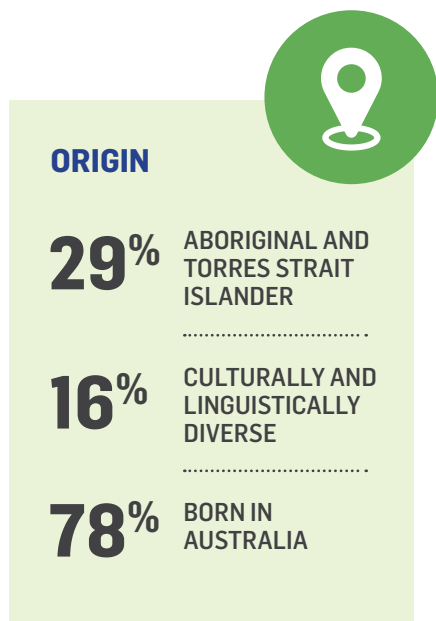
56% HAVING ACCESS TO MONEY RESTRICTED

68% WOMEN REPORT THEY HAVE BEEN THREATENED TO BE KILLED

63% STALKED

58% CHOKED, STRANGLED, SUFFOCATED

30% RAPED OR SEXUALLY ASSAULTED



Assessment of outcomes

To assess outcomes, analyses have been run on data representing over 1700 clients across 7 programs: Crisis Accommodation, Transitional Accommodation, Recovery Support, Outreach Support, Safer Pathways for Women, Future Employment Connections and Positive Pathways. Further, the data were collected at multiple time points, including entry, exit, and after participation in programs.

By collecting and linking data across multiple sources and programs, and across time points, a more complete picture of Zonta House's outcomes across the key outcome areas of safe accommodation, improved wellbeing, increased independence, better family relationships, and breaking the cycle of FDV can be developed. As such, this report presents the overall outcomes for clients and a high-level view of outcomes between programs. For detailed presentation of outcomes by particular programs, please see the Technical Report (Lester, Callis & Flatau, 2021).

It is important to note that, although the outcomes are separated into different areas for the purposes of this report, they are very much interlinked. This is in line with the overall purpose of Zonta House: to improve the lives of women and their families who have experienced or are at risk of experiencing family and domestic violence, as well as the overwhelming evidence relating to the impact of domestic violence on women and its perpetuating factors. For example,

it is well-established that the impacts of FDV are not restricted to physical health. Further, the impacts compound and reinforce each other. For instance, a physical injury may mean a woman cannot go to work, which impacts her economic independence which may also be threatened by the controlling behaviour of the perpetrator; her economic independence and reduced income may then threaten her housing, which may not even be in her name. The stress of potential homelessness and the trauma of being abused both severely, detrimentally affect the woman's mental health and present significant practical barriers to escaping abuse. This is just one example of the relationship between different impacts of FDV experienced by women.

Accordingly, the support offered by Zonta House programs targeted towards particular domains will have effects in other areas of women's lives. Therefore, as well as reporting the outcomes independently, where possible, we examine the relationships between different outcomes.

Safe, secure and sustainable accommodation

One of the most clearly-defined positive outcomes of Zonta House's operations is helping women access safe, secure and sustainable accommodation if they are experiencing or are at risk of experiencing FDV. This includes at the point of entry into the system and after exit from Zonta House where referrals and further assistance are necessary.

Between 2015 and 2020, Zonta House provided 542 women with crisis, transitional or long-term accommodation from a position of unsafe housing. Over three quarters of clients (77.9% or 422 women) were supported through crisis accommodation (note that women could have multiple engagements with Zonta House over time, so the categories of accommodation support are not exclusive – a woman could receive crisis, transitional or long-term accommodation support more than once).

Among women exiting Zonta House accommodation with a need for further accommodation assistance, 18% exited Zonta House into safe accommodation with family and friends, 9% private rentals, 9% another refuge/transitional accommodation service, 8% Zonta House transitional housing, 7% returned to their own property, 2% to an interim refuge, and 2% to Housing Authority accommodation. Of the women exiting the Zonta House transitional accommodation service, all were provided with accommodation support and over half moved into a private rental. Therefore, in addition to the provision of immediate, crisis accommodation, the vast majority of women are supported to access longer-term, sustainable accommodation.

The most significant increases in Life Matrix scores in the housing domain were, as expected, among women exiting crisis and transitional accommodation. Significant, positive changes in housing domain scores on the Life Matrix were also recorded among women exiting Recovery Support and Future Employment Connections. As women can access multiple programs at Zonta House, it's not possible to attribute housing outcomes to the Recovery Support and Future Employment Connections programs. However, it is worth noting that recovery from addiction and employment are important steps in many people's housing journeys (Flatau, Hendershott & Watson, 2004).

Reflecting the impacts of FDV across multiple domains of a woman's life and the holistic approach to support offered by Zonta House, most women who received accommodation support also engaged with other programs. During their time in crisis accommodation, 68% of women accessed the Recovery Support program, 8% the Future Employment Connections program, and 8% the Positive Pathways program, showing the need for trauma informed care on entry into Zonta House to support immediate wellbeing. Of the women

who were in transitional accommodation at Zonta House, 45% also accessed the Recovery Support program, 74% the Future Connections program, and 71% the Positive Pathways program. These results demonstrate women are more likely to engage in programs once they have stable and safe accommodation.

Upon exiting crisis accommodation, 24% of women remained engaged in Zonta House programs and/or drop-in workshops after their departure; of the women exiting transitional accommodation, 45% remained engaged. Forty percent of women within the Positive Pathways program had engaged with another Zonta House program first; 83% of women within the Recovery Support Program had engaged with another Zonta House program first. This continued engagement of women with Zonta House after their engagement with accommodation services reflects a strong need for wraparound support for women in addition to safe housing, as well as satisfaction among women with the services offered by Zonta House.

Women who were supported with accommodation also recorded positive impacts in other domains of life. For instance, among the 422 women in the data set that were supported through crisis accommodation at Zonta House, there were a range of outcomes achieved including decreases in mental health distress, increases in psychosocial wellbeing, higher engagement with community services through referrals, and increased economic independence. These are elaborated in the next section.

The high rates of engagement with programs complementary to accommodation support mean that attributing outcomes in other wellbeing domains to a particular program is impossible. Rather, the results offer empirical support to the holistic, wraparound support offered by Zonta House.

Improved wellbeing

Mental, physical, and psychosocial wellbeing was measured using the Life Matrix at intake and exit for five Zonta House programs: Crisis Accommodation, Future Employment Connections, Transitional Accommodation, Safer Pathways, and Recovery Support. The domains of the Life Matrix examined in this section include physical health, mental health, emotional wellbeing, social wellbeing, and community and cultural involvement.

There was a positive change or significant positive change in several domains, most significantly emotional wellbeing, social wellbeing, and community and cultural involvement. The most significant positive increases for these domains were among women accessing the Crisis Accommodation and Future Employment Connections programs.

Given the known impact of community on wellbeing (Coulombe & Krzesni, 2019), it is notable that there was an increase in community and cultural involvement scores in data collected from the Crisis Accommodation program.

TABLE 3: Life Matrix scores of Zonta House clients at intake and exit, emotional wellbeing on social wellbeing, and community and cultural involvement domains, by program

PROGRAM		LIFE MATRIX DOMAIN					
		EMOTIONAL WELLBEING		SOCIAL WELLBEING		COMMUNITY AND CULTURAL INVOLVEMENT	
		MEAN SCORE AT INTAKE	MEAN SCORE AT EXIT	MEAN SCORE AT INTAKE	MEAN SCORE AT EXIT	MEAN SCORE AT INTAKE	MEAN SCORE AT EXIT
Crisis Accommodation	Site 1	3.64	3.81**	3.34	3.55	2.98	3.49**
	Site 2	3.39	3.97**	3.33	3.95**	3.09	3.75**
Transitional Accommodation		3.82	4.20	3.36	4.20	3.27	4.00
Future Employment Connections		3.62	4.09**	3.30	4.13*	3.04	3.70
Safer Pathways		3.21	3.57	3.41	3.61	2.97	3.57
Recovery Support		3.28	3.92	3.08	3.42	2.87	3.77
All clients ¹		3.39	3.90**	3.34	3.79**	3.05	3.68**

** significant increase in life matrix scores at exit, $p < 0.01$. Scores range from 1 (worst) – 5 (best).

¹ All clients who completed the Life Matrix at entry and exit of Zonta House programs. In addition to the programs listed above, this includes clients who received long-term accommodation support, offsite crisis accommodation, and outreach support case management. N ranged from 465–467 clients at entry, and 233–234 clients at exit.

For the Transitional Accommodation, Safer Pathways and Future Employment Connections programs there was also a positive change in physical health scores. None of the changes in physical health scores by program were statistically significant, but across all clients who completed the Life Matrix and intake and exit, there was a small but significant change in physical health scores. The small change is likely

attributable to the early stage of women's recovery at which exit data is collected. Exiting a program can still be very early in a woman's healing and recovery from FDV, so the physical health benefits of recovery are more likely to emerge over a longer time frame. Mental health scores on the Life Matrix increased significantly for both Crisis Accommodation sites and clients overall.

TABLE 4: Life Matrix scores of Zonta House clients at intake and exit, emotional wellbeing on physical health and mental health domains, by program

PROGRAM		LIFE MATRIX DOMAIN			
		PHYSICAL HEALTH		MENTAL HEALTH	
		MEAN SCORE AT INTAKE	MEAN SCORE AT EXIT	MEAN SCORE AT INTAKE	MEAN SCORE AT EXIT
Crisis Accommodation	Site 1	3.64	3.92	3.60	4.03**
	Site 2	3.71	3.89	3.79	4.13**
Transitional Accommodation		4.09	4.40	4.45	4.70
Future Employment Connections		4.18	4.26	4.27	4.39
Safer Pathways		3.35	3.50	3.65	3.74
Recovery Support		3.87	3.77	3.51	4.23
All clients ¹		3.75	3.95**	3.77	4.13**

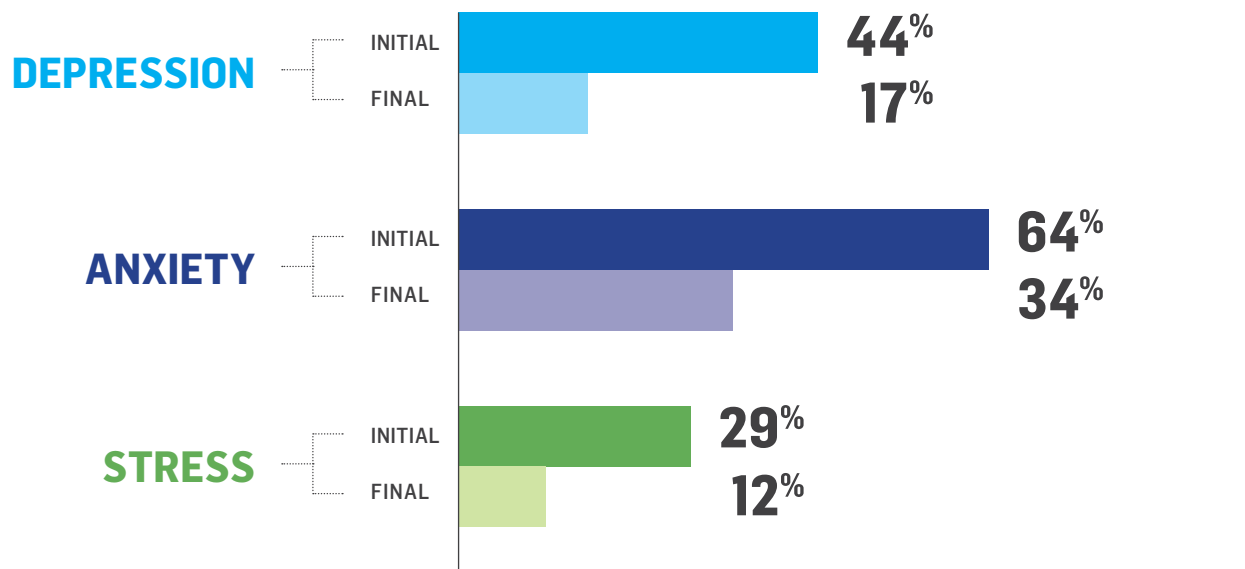
** significant increase in life matrix scores at exit, $p < 0.01$. Scores range from 1 (worst) – 5 (best).

¹ All clients who completed the Life Matrix at entry and exit of Zonta House programs. In addition to the programs listed above, this includes clients who received long-term accommodation support, offsite crisis accommodation, and outreach support case management. N =468 clients at entry, and ranged from 233–235 clients at exit.

Decrease in mental health distress was evident in a range of programs, with the most significant decreases in depression, anxiety and stress in the Crisis Accommodation and Recovery Support programs. Data collected by Zonta House using the DASS-21 shows that these negative indicators of mental health were significantly lower after engagement with Zonta House and its programs (see Figure 1). At initial assessment, 44% of women reported experiencing severe depression. This proportion dropped to 17% after engagement with Zonta House. Similarly, 64%

of women reported severe anxiety when first assessed, compared to 34% who reported severe anxiety at final assessment. Finally, 29% of women were experiencing severe stress at their initial assessment and this number dropped to 12% at close of engagement. Broadly, these findings indicate that the prevalence of severe or extremely severe mental health impairment (depression, anxiety, and stress) was more than halved over the course of client's involvement with Zonta House.

FIGURE 3: Percentage of clients experiencing severe/extremely severe Depression, Anxiety, and Stress at initial assessment compared to final assessment after engagement with Zonta House services (n=258)



*Increased wellbeing of women:
Scores on each subscale – depression, anxiety, and stress – were significantly lower after engagement with Zonta House and its programs. The most significant positive increases for emotional wellbeing, social wellbeing, and community and cultural involvement domains were among women accessing the Crisis Accommodation and Future Employment Connections programs.*

The programs offered by Zonta House span the breadth of support needs of women who experience or are at risk of experiencing FDV, and the Recovery Support program in particular showed significant positive health outcomes for women who entered Zonta House with substance abuse problems.

After exiting the Recovery Support program, there was an increase in the number of women who accessed ongoing mental health support, an increase in the number of women recovering from substance dependency, and a reduction in relapse into dependency. Of the women who engage with the Recovery Support Program for at least 3 months following their exit from Zonta House, 86% continue to recover from substance dependency. Once again the strong engagement reflects high satisfaction among clients with the services and this is reflected in self-reported outcomes: upon exiting the program, 97% of women felt better able to cope with their problems and 94% felt they had the necessary support and information to access services to meet their needs.

Reflecting the impacts of FDV and the strong support needed to facilitate sustainable recovery, 82% of the women leaving the Recovery Support Program were referred to ongoing mental health support. This also reflects strong engagement and trust in Zonta House among women, such that they feel supported to continue engaging with services to continue their FDV and addiction recovery journey.

Women accommodated in crisis accommodation were referred to specialised services as needed and identified, including mental health services (60%), health/medical services (69%), assistance for trauma (20%), and drug and alcohol counselling (62%). Specific referrals were also provided to women from culturally and linguistically diverse backgrounds, including interpreter services, assistance with immigration services, culturally specific services, and assistance to connect culturally. A significant number of referrals were provided for external services, suggesting that Zonta House has strong relationships with referral partners, which further expands Zonta House's capacity to support women in need.

The importance of continued support for women post-exit from Zonta House cannot be understated. Recovering from FDV is a complex, non-linear process that has physical, mental, social and spiritual components (Anderson, Renner & Danis, 2012; Allen & Wozniak, 2011). Needs in these domains will be different for different women and at different parts of their journeys, and supports need to be available to support needs as they arise.

***Increased independence of women:
89% of women had part-time or full-time work upon completion of the Future Employment Connections program. For 44% of women their main income source was the Newstart allowance (now called Jobseeker) and employment was the main income source for 13% of women.***

Increased independence

Several outcomes related to women's independence and security were achieved through the programs supporting women at Zonta House, including those who did not utilise accommodation services. The most significant outcomes for women in this domain that were achieved across the programs were: personal security (through the provision of accommodation and protection); increased knowledge and capacity to make decisions; increased economic independence; engagement with required supports (including referrals to community services); and specific job-ready measures such as having a basic cover letter and up-to-date resume.

Increased economic independence was an outcome embedded in the logic of 6 of the 7 programs run at Zonta House and its success was underpinned by several other outcomes including the job-ready measures of the Future Employment Connections program. Of the 68 records of women who had been through this program, 96% reported having learnt new skills and gained knowledge, and 91% felt they had received relevant information and referrals to employment and volunteering opportunities. 100% of women felt confident looking for jobs and encouraged and motivated to succeed.

This improved confidence was also reflected in Life Matrix scores in the finances and employment domains. As expected, the largest and most significant positive changes in these domains were among women exiting the Future Employment Connections program. Significant increases in the finance domain were also recorded among women exiting Crisis Accommodation, Transitional Accommodation, and Recovery Support and significant changes in the employment domain of the Life Matrix were also recorded among those exiting Transitional Accommodation. Improvements in the finances and employment domains among women exiting Crisis Accommodation and Transitional Accommodation are interesting given that only 8% of women were referred to Future Employment Connections while accessing Crisis Accommodation and Transitional Accommodation. This suggests that the provision of safe accommodation (and wraparound support) may have independent effects on women's sense of economic and financial independence and wellbeing.

Prior to entering the Future Employment Connections, 10% of women had part-time work and 7% of women had fulltime work. At the completion of the program 67% of women had part-time work and 22% had full time work. For 44% of women their main income source was the Newstart allowance (now called Jobseeker) and employment was the main income source for 13% of women. Upon exit from Safer Pathways, 62% of women received their main source of income from the Disability Support Pension, 16% from Newstart and 12% from the single parent payment. Given that women are entering Zonta House's SHS programs from an unsafe and traumatic position, employment status on entry is set at 'not applicable' for most women. However, financial abuse and control are common acts by perpetrators of FDV, so having an independent source of income is a positive outcome for women who have experienced or are at risk of experiencing FDV. Therefore, it is evident that Zonta House helps women access payments where required and, as evidenced in the data, it also provides women with the necessary skills and confidence to seek employment.

In addition to the programs it delivers, Zonta House offers referrals for clients to support the ongoing building of independence. Among women exiting crisis accommodation at Zonta House with further needs, 98% were accessing FDV support, 89% were accessing general assistance and support, and at least 83% were accessing specialised services.

Among women who were not accessing these types of support prior to engagement with Zonta House, referrals were provided for 33% for assistance with FDV and for 25% for victim support services.

General assistance and support referrals were provided to many clients. General assistance includes: assistance to obtain government allowances (44%), employment assistance (42%), training assistance (40%), educational assistance (38%) and financial advice and counselling (63%). Post-exit from crisis accommodation, 34% of women engaged with community support. Of those identified with support needs when exiting transitional accommodation at Zonta House, 77% of women engaged with community support post-exit. Of the 41% of women exiting crisis accommodation who were identified as being at high risk of serious harm and the 53% at serious harm, 100% were provided with support to access victim support services.

Therefore, there is ample evidence of increased independence among Zonta House clients, reflected in their self-reported confidence in job searching and job readiness, high rates of income from independent (non-partner) sources, and high rates of referral to services for continued support of independence.

Better family relationships

The stress that FDV places on family relationships and particularly parent-child relationships is substantial (Holt, Buckley & Whelan, 2008). Around 70% of women who access Zonta House services have children. Zonta House works to improve family relationships by offering women parenting advice and support, as well as by improving the health and wellbeing of women themselves (including women who are pregnant) so that they can transfer these benefits to their children in the form of a more stable and positive future.

One way Zonta House provides parenting support which is not reflected in the data is by offering parenting workshops to women during and after their engagement in the Positive Pathways program. Part of the positive impact here is in the continued sense of community and connection that women are provided with, even after they formally leave Zonta House. Many women choose to stay involved in the workshops that Zonta House offers to women (and often their children), giving them an opportunity to continue growing confidence and community.

These workshops range from health-related topics to fun activities for mother-child bonding, and the anecdotal evidence is strong for the value of this continued support in terms of promoting better family relationships.

Women who exited crisis and transitional accommodation at Zonta House who were identified as having further needs were provided with a range of referrals around parenting and family relationships. Of those leaving crisis accommodation, for example, 53% of women were given referrals for childcare, 100% for structured play/skills development, 32% for child contact and residence arrangements, 50% for child-specific counselling skills, and 33% for family and relationship assistance. The majority of women (79%) were referred for pregnancy assistance services and family assistance support (78%). Referrals were provided at similar rates for women accessing other Zonta House programs and this was supported with referrals for other essential services, where necessary, as described above.

There were positive changes in the scores for the parenting and children domain of the Life Matrix among women exiting all programs except long-term accommodation, and the positive change in the parenting and children domain among all clients who had completed a Life Matrix at intake and exit was statistically significant.

In addition to the direct and immediate improvements in the parenting and children domain of the life matrix, there is also a wealth of evidence in the literature about the impact of mothers' addiction on children (Suchman et al. 2017), and about the intergenerational transmission of poverty (Harper, Marcus & Moore, 2003). Therefore, it can be safely assumed that positive outcomes in the Recovery Support and Future Employment Connections programs will lead to better family relationships as well as better outcomes for children.

Breaking the FDV cycle

Each of the domains and specific outcomes described above contribute to the outcome of breaking the FDV cycle. That women report having increased feelings of safety, confidence, positive mental health and financial independence is in itself an indication that they are more able to carve a safe, independent and sustainable path forward. The percentage of women whose main incomes were sources other than that of a partner reflects their increased capacity to thrive economically and independently.

In terms of breaking the cycle of FDV, the majority of women in the data set had only used crisis accommodation and transitional accommodation once (85% and 86% respectively). In addition, there was a statistically significant increase in the FDV domain of the Life Matrix across all clients who had completed the Life Matrix at intake and exit.

Further, women are supported by Zonta House to take legal steps to protect them from FDV and increase perpetrator accountability. Of the women leaving crisis accommodation at Zonta House with identified further needs, 42% were provided with referrals for legal services/information, 43% for court support, 31% for advice/information, and 48% for advocacy/liaison on behalf of client. Of those exiting transitional accommodation with identified further needs, 89% were provided with referrals for court support, 73% for legal information, and 67% for advocacy/liaison.

Once again, the holistic approach to service delivery and referrals undertaken by Zonta House reflects not only the purpose and vision of the organisation, but a clear understanding of what is required to help break the FDV cycle in a woman's life and, cumulatively, reduce the negative effects of FDV in the community.

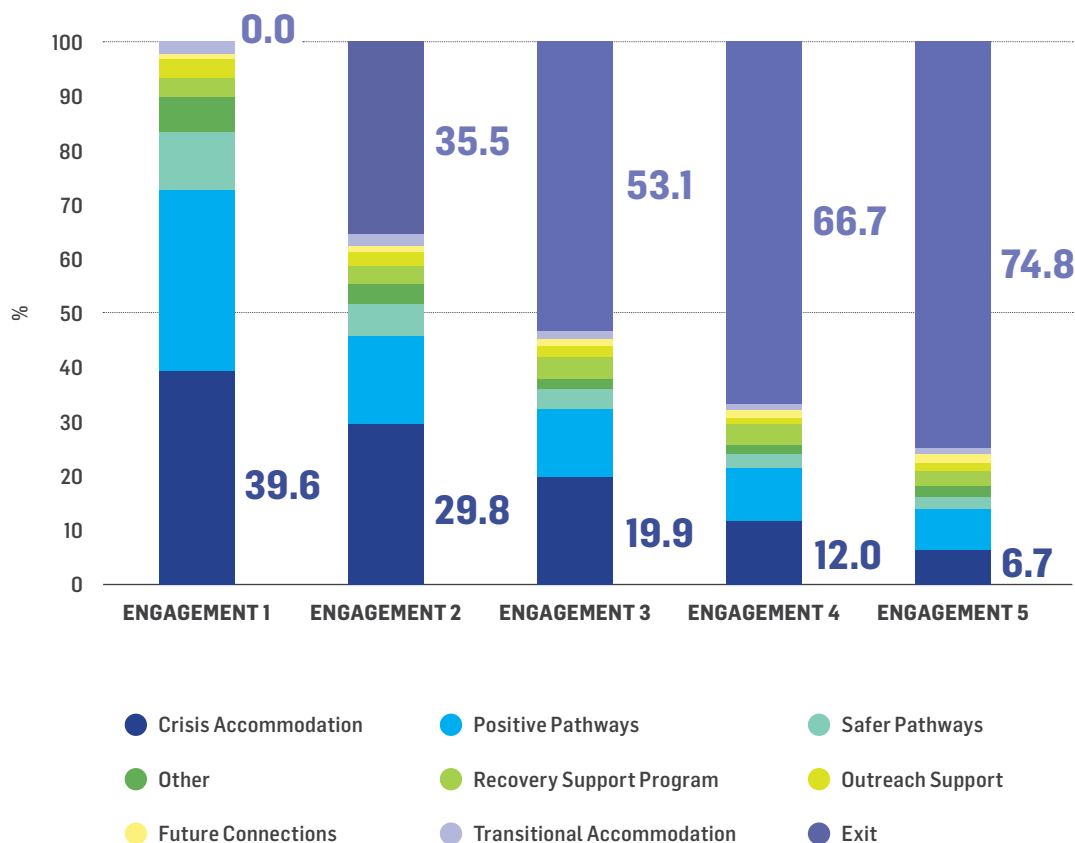
Understanding a Woman's Program Engagements with Zonta House

By mapping the flow of a woman's program engagements through Zonta House we were able to determine common pathways of program engagement, and pathways of engagement which were more likely to lead to a woman's exit from Zonta House. Women can be engaged simultaneously in different programs.

Service usage

The findings regarding client outcomes provides insight into observations of service usage. Data indicates that women engage with Zonta House an average of 4.1 times before exiting Zonta House so it can be assumed that the improved wellbeing outcomes observed above will typically emerge at client's fourth engagement with Zonta House. Nearly 40% of women presenting to Zonta House engage with crisis accommodation and this proportion drops to 12% at the fourth engagement (see Figure 4). Based on patterns of progression through Zonta House at each successive engagement, a woman who is part of that nearly 40% whose first engagement is with crisis accommodation will likely be involved with crisis accommodation at her second and third engagement also, before leaving the system at her fourth engagement. Those who present at Transitional Accommodation appear to have greater engagement in programs offered by Zonta House.

FIGURE 4: The proportion of clients connecting with each service type at consecutive engagements



A woman whose first engagement is with transitional accommodation is likely to be involved with transitional accommodation at her second and third engagement also. However, at her fourth engagement, she is more likely to be involved in the Positive Pathways of Future Connections programs than have left Zonta House.

The range of services and programs offered by Zonta House allowed women to choose their own pathways through Zonta House depending on their needs and referrals. Some women engaged with programs more than once, and others used only one service before exiting Zonta House. While engaging with a number of different programs and/or repeating programs often led to women remaining with Zonta House for longer, many women then successfully exited the system equipped with greater knowledge, health, wellbeing and confidence.

Summary of outcomes

Broadly, analyses of outcomes indicate that Zonta House has successfully provided intervention opportunities and support services to aid in the recovery of women and children who have experienced family and domestic violence. Specifically, we have focused on outcomes in five key outcome areas: safe accommodation, improved wellbeing, increased independence, better family relationships, and breaking the cycle of FDV.

Safe accommodation

In addition to ensuring immediate physical safety, safe accommodation is critical to supporting women's recovery and healing from FDV. Between 2015 and 2020, Zonta House provided 542 women with crisis, transitional or long-term accommodation. More than three quarters of women who accessed accommodation were provided with crisis accommodation by Zonta House at some point (because women can have multiple engagements with Zonta House over time, they can receive multiple types of accommodation support over time).

The vast majority of women who accessed Crisis Accommodation or Transitional Accommodation were referred to medium or long-term accommodation, or were supported to find long-term accommodation. In addition, referrals to other Zonta House programs during women's time in Crisis Accommodation or Transitional Accommodation.

Improved wellbeing

Improved wellbeing was measured by change in Life Matrix scores at exit relative to intake on the domains of physical health, mental health, emotional wellbeing, social wellbeing, and community and cultural involvement, and changes in DASS-21 scores at exit relative to intake.

Data collected by Zonta House across all programs using the DASS-21 shows that scores on each subscale – depression, anxiety, and stress – were significantly lower after engagement with Zonta House and its programs.

There was a positive change or significant positive change in several domains of the Life Matrix, most significantly emotional wellbeing, social wellbeing, and community and cultural involvement. The most significant positive increases for these domains were among women accessing the Crisis Accommodation and Future Employment Connections programs.

Overall, each program reported positive changes to women's physical health, mental health, and psychosocial wellbeing.

Increased independence

Independence was conceptualised as both women's economic independence and confidence and capacity to make decisions and take actions, particularly as they relate to employment.

With regard to economic independence, 89% of women had part-time or full-time work upon completion of the Future Employment Connections program. For 44% of women their main income source was the Newstart allowance (now called Jobseeker) and employment was the main income source for 13% of women. Upon exit from Safer Pathways, 62% of women received their main source of income from the Disability Support Pension, 16% from Newstart and 12% from the single parent payment.

In terms of confidence and capacity, the overwhelming majority (>90%) of women who had completed the Future Employment Connections program, reported having learnt new skills and gained knowledge, feeling like they had received relevant information and referrals to employment and volunteering opportunities, and feeling confident looking for jobs and encouraged and motivated to succeed.

Better family relationships

Zonta House works to improve family relationships by offering women parenting advice and support, as well as by improving the health and wellbeing of women themselves (including women who are pregnant) so that they can transfer these benefits to their children in the form of a more stable and positive future. Zonta House also provides advocacy support with Department of Communities Child Protection and Family Support, child contacts and visits, assistance with reunification, and family refuge housing.

***Better family relationships:
Among women who completed the Safer Pathways for Women program there was a positive change in the scores for the parenting and children domain of the Life Matrix, contributing to better family relationships.***

Breaking the cycle of FDV

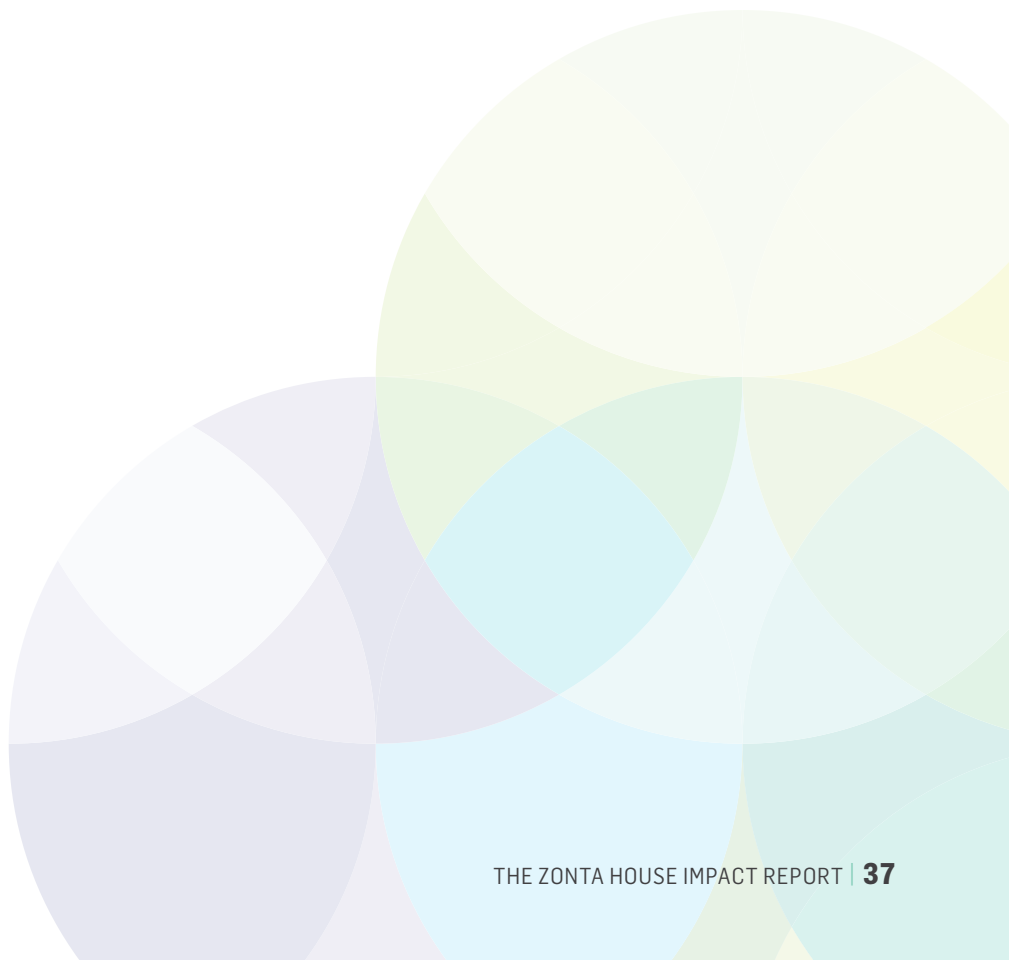
The majority of women in the data set had only used crisis accommodation and transitional accommodation once (85% and 86% respectively), suggesting that the wraparound support, complementary programs, and referral pathways offered by Zonta House are helping to a secure sustainable, safe future for women. Only 7% of women who exit Zonta House return to an abusive relationship. In addition, there was a statistically significant increase in the FDV domain of the Life Matrix across all clients who had completed the Life Matrix upon entrance and exit of the program.

In addition, Zonta House supports many women with referrals to legal services to increase perpetrator accountability and address the legal component of their recovery. This includes but is not limited to advocacy services, court services, legal advice/information, support for Violence Restraining Orders, police reports and statements.

In summary

Fundamentally, the data demonstrate the benefit to women experiencing and at risk of experiencing FDV of being able to access and be referred to services that support wellbeing across the full spectrum of life. This is evident in high levels of engagement across program types, such that it appears to be unusual for a woman to only engage with one service type. It is also evident in significant improvements in Life Matrix domains among clients exiting programs that do not specifically target those outcomes (such as Future Employment Connections clients reporting increased housing scores).

Further, high numbers of referrals to complementary and wraparound supports reflect the broad range of needs of women experiencing or at risk of experiencing FDV (which in itself reflects the significant impacts of FDV on women, across all aspects of wellbeing). The referrals also reflect Zonta House's strong position in terms of connections to referral partners, as well as the trust among clients in Zonta House to first express their needs and then to engage further with services.



The accurate collection and analysis of data is paramount to Zonta House being able to measure its impact and continue providing and improving services which will lead to a woman's successful recovery from FDV.

DATA COLLECTION AND ANALYSIS RECOMMENDATIONS

The process of extracting and cleaning the data for this report was difficult but worthwhile. In addition, statistical analysis revealed some parameters around the use of the Life Matrix. Recommendations regarding data collection and analysis, arising from CSI UWA's experience with Zonta House and other datasets are listed below.

- 1 First and foremost, we recommend that Zonta House continues to collect data on the wellbeing of clients for the purposes of understanding changes in wellbeing attributable to the programs and services women receive. There was a good amount of data for CSI UWA to draw on in analysing client outcomes across the key outcome areas for most of Zonta House's programs.
- 2 We recommend that an outcomes framework for Zonta House be developed and articulated.
- 3 We commend the use of validated tools such as the DASS-21 and encourage consideration of additional validated tools to measure outcomes where there are data gaps.

- 4 The scale used within the Education domain of the Life Matrix has been identified as needing revision to allow for women who do not wish to further their education. At present it is difficult to differentiate between a purposeful 'non-response' and missing data within the Life Matrix. It is recommended that a value be entered into the Penelope system to indicate where a woman has declined to give information.
- 5 While the 14-domain Life Matrix should continue to be used as a case management tool and for assessing change in particular domains, the Revised Life Matrix tool, comprised of the domains of emotional wellbeing, social wellbeing, community and cultural involvement, mental health, and physical health should be used as a reliable and valid overall measure of client wellbeing.
- 6 It is recommended that Zonta House continue to maintain a case management database that can provide the organisation with ready access to the data they need. While the Penelope system allows for program outcomes to be measured, it did not easily lend itself to extraction, linkage and analysis of data and required specialist data capabilities and programs.

6

continued

Ideal would be a system that allows for exporting of a full unit record file (where all data variables for each client are contained in one row per client) into a common format such as CSV, Microsoft Office suite formats or, as Zonta House has access to IBM SPSS, SPSS format. CSI UWA recognises that case management software is a significant investment for any organisation and particularly a community sector organisation, and that Penelope serves many functions critical to the operation of Zonta House.

However, we strongly recommend government and philanthropic investment in data management, software engineering, and data analytics capacity to allow community services such as Zonta House to more readily extract, clean, data link and analyse data across data platforms.

7

We recommend continued and/or periodic linkage of data across multiple internal and external databases to assess and improve outcomes. The abovementioned data extraction issues make this quite a difficult process; however, the ability to assess client outcomes across multiple domains of wellbeing and from multiple sources allows for a richer, more holistic picture of client outcomes which is in line with the holistic approach underpinning Zonta House's purpose.

8

It is recommended that Zonta House continue to increase their data collection and analysis capabilities. A significant amount of time and effort was dedicated by CSI UWA to extracting and cleaning the data. This has helped to identify constraints within current data systems and lent itself to the above recommendations, however, it has taken away time that was to be spent on analysis and capacity building. We heartily commend the steps taken by Zonta House to further its data analytic capability and believe the current trajectory will help to establish Zonta House as a leader in the field of data analysis and outcomes measurement in addition to a leading service provider in the FDV space in Western Australia.

9

The SHS data combined with Penelope data allows for the assessment of program outcomes. Using further linked data sources such as health and other government datasets, would enable the determination of the impact of the transition to safe housing on non-housing incomes such as health and justice utilisation. The analysis of linked data can also facilitate a limited economic evaluation such as a cost-benefit analysis to estimate the economic and social value of Zonta House to the broader WA community.



The analysis of linked data can facilitate an economic evaluation, such as a Social Return on Investment analysis, to estimate the economic value to the broader WA community of investment in Family and Domestic Violence services such as those provided by Zonta House. In providing support to women and children, FDV services can reduce health care and justice costs over time and empower women in terms of employment and income opportunities. ***We recommend that a Social Return on Investment analysis of Zonta House's services be undertaken.***

CSI UWA was engaged by Zonta House to better understand the impact of its services and programs for women experiencing or at risk of experiencing Family and Domestic Violence (FDV), and to develop internal capacity for evaluation and data analytics.

CONCLUSIONS

The process of extracting and cleaning the data was complex because of the way in which data was stored in the 'back end' of the Penelope database and the difficulty extracting data from the Penelope system into a format that enabled statistical analysis.

After extracting and cleaning the data, CSI UWA undertook reliability and validity testing of the Life Matrix tool used by Zonta House as a case management and outcomes measurement tool. CSI UWA found that the Life Matrix tool had strong face validity, such that there was minimal missing data and staff reported ease of completion. Factor analysis revealed that, if Zonta House wants to sum scores across domains to report a statistically reliable overall change to wellbeing, the score should be calculated using only the domains of emotional wellbeing, social wellbeing, community and cultural involvement, mental health, and physical health. We termed this the Revised Life Matrix tool, and found that it had strong internal consistency (the domains reliably measured the same construct, wellbeing), and convergent validity against the DASS-21, such that the Revised Life Matrix tool and the DASS-21 both measured wellbeing.

Analysis of client data from Penelope, the Specialist Homelessness Information Portal (SHIP) and the Department of Housing, was then undertaken to understand whether the intended outcomes of Zonta House programs were being achieved and, if so, how much impact they were having. Outcomes were analysed in five key areas: safe and supportive accommodation, increased wellbeing, increased independence, better family relationships and breaking the cycle of FDV.

Zonta House provided over 500 women with crisis or transitional accommodation between 2015 and 2020. The majority of women using Zonta House services are classified as high risk of harm. Many of these women engaged with multiple other services within Zonta House, as well as by referral to other services. With regard to client wellbeing, statistically significant decreases in scores on the depression, anxiety and stress subscales of the DASS-21 were reported across the crisis accommodation, Recovery Support Programs and Positive Pathways programs. Overall, among clients who completed the Life Matrix and intake and exit into Zonta House programs, positive, statistically significant increases were found across all fourteen domains housing; finance; employment; physical health; mental health; emotional wellbeing; social wellbeing; legal; education; parenting/ children; immigration and visa; family and domestic violence; alcohol and other drugs; and community/ cultural involvement.

In addition to the finance and employment domains, women reported increased independence in the form of their own income sources and increased confidence and capacity in terms of job seeking and employment. Better family relationships were reported through statistically significant increases in scores on the parenting and children domain of the Life Matrix. Finally, breaking the cycle of FDV was evident through most women (85% and 86%) only accessing crisis or transitional accommodation once, and high rates of engagement across Zonta House and referral to services to support women's recovery from FDV including, importantly, legal services.

***Breaking the cycle of FDV:
Most women only accessed crisis (85%) or
transitional accommodation (86%) once.
Wraparound support, complementary
programs, and referral pathways offered by
Zonta House are helping to secure sustainable,
safe accommodation for women.***

Understanding the extent to which the programs of Zonta House are achieving their intended outcomes, as well as the extent to which these outcomes can be measured, is critical to increasing the quality of services offered and building capability to demonstrate the impact of Zonta House on its clients and the broader community. This evidence base will, in turn, facilitate long-term funding and investment in Zonta House, further enabling the provision of high quality services that meet the needs of women experiencing or at risk of experiencing FDV.

To this end, we recommend continued collection, linkage, and analysis of data, particularly using validated tools; procurement of a case management system that better facilitates data analysis; continued development of program logics and development of an organisational outcomes framework; and continued capacity building for data analytics. In CSI UWA's view, the level of data collection, particularly the inclusion of intake and exit data collection points and use of validated scales, place Zonta House well ahead with regard to outcomes measurement community sector. Taking the additional step of statistical analysis, including reliability and validity testing and testing of statistical difference is a further step in the right direction. We firmly believe that the current trajectory will help to establish Zonta House as a leader in the field of data analysis and outcomes measurement in Australia and beyond.

INVESTMENT IN MEASUREMENT AND EVALUATION AND CAPACITY BUILDING

Measurement and evaluation are activities that community sector agencies are not fully funded for, reducing capacity to undertake these important activities.

It is imperative for organisations within the community sector to more effectively tell the story of the impact of their programs. Community agencies often manage a number of different programs and input data into multiple, incompatible internal and external systems to store their data to meet operational needs and contractual requirements. As more data is being collected by agencies, the importance of linking the data, ensuring measurement tools are valid and reliable, and that all program outcomes are measurable has become paramount.

Capacity building is needed within the community sector to enable organisations to develop program logics and organisational outcomes measurement frameworks to determine the impact of individual programs and of the whole organisation. Understanding the importance of the collection of accurate intake and exit data, the use of reliable and validated scales, linkage of multiple data sources, data analysis and using data analytics to display measurable outcomes is increasing.

Investment by government and other funders is needed to facilitate the measurement and evaluation of program outcomes and capacity building in the community sector to improve program efficacy, inform decisions about future program development, and provide high quality services to meet the needs of its clients.

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