

Referral package

Liverpool-Fairfield-Canterbury-Bankstown-Burwood Staying Home Leaving Violence Service (SHLV)

SHLV primarily assists women and their accompanying children who have experienced or continue to experience intimate partner violence and wish to remain safely in their home (or a home of their choice) without the violent person. The SHLV service aims to reduce or prevent the occurrence of post-separation abuse through the provision of support and case management to clients. As part of case management assistance, careful safety planning, safety modifications to the home and provision of safety equipment may also be provided to achieve this outcome. This service is flexible, based on client needs and not time-limited. The services are provided at no charge, and engagement is voluntary.

This service aims to ensure that:

- clients are free from intimate partner violence in their own home and remain so over time; and
- clients experience long-term stability in housing, income, education, emotional wellbeing and healthy relationships.

This service is available to:

- Women aged over 18 years (with or without children) who have separated from a violent partner and wish to remain in their own home or a home of their choice. Children are also supported by the service and can become clients of the service in their own right. Young people (aged 16-18) will receive a referral to an appropriate service; and
- Women who reside in the Liverpool, Fairfield, Canterbury, Bankstown and Burwood local government areas; and
- Women who wish to participate in case management or case coordination support; and
- Women whose support needs are related to her experience of intimate partner violence (or DFV more broadly).

Priority for service will be given to women who:

- Continue to experience post-separation abuse;
- Are Aboriginal or Torres Strait Islanders;
- Are affected by socio-economic disadvantage;
- Are from multicultural backgrounds;
- Are affected by social exclusion;
- Have disability;
- Are caring for a child with a disability.

The SHLV service is not able to accept referrals for:

- Men;
- Women who wish to remain in the violent relationship;
- Women who do not wish to actively participate in case management/case coordination;
- Women who do not have the capacity to actively participate in case management/case coordination;
- Women whose primary support needs do not relate to the experience of intimate partner violence, domestic violence or family violence

Definition of case management and case coordination:

Case management is provided to those clients who wish to work on targeted case management goals. The purpose of case management is to assist the client in working towards achieving safety from violence and commence recovery from trauma. It also aims to work towards change, improving, developing and

enhancing clients' lives. It is a collaborative, client-focused approach aimed at meeting individual client needs.

Case management involves assisting clients with a complex range of needs relating to the impact of domestic violence who require access to a broad range of services as well as different forms of assistance. Clients who enter the service will have identified goals they wish to work towards.

Safety assessments and security assessments will be developed as part of the case management plan once a client has been accepted and agreed to the services provided.

Clients who receive case management services are allocated to a key worker (i.e., a caseworker). However, they remain clients of the service and may be supported by all service workers as needed. The caseworker ensures that clients maintain access to the services required to meet case plan goals. The coordination of services is a significant focus of case management. This includes shared responsibility between service providers, other agencies, and clients for client outcomes. A case plan is developed to target their case management goals. The case management processes are consistently working towards reaching the agreed outcomes (identified goals).

We acknowledge that children who accompany clients of the service may have their own specific needs due to the impact of violence. Where it is appropriate, children can become clients of the service in their own right. If this were to occur, this would first be discussed with the mother.

The SHLV service aims to avoid duplicating services. Where it is in the client's best interest to have several services engaged in their support needs, we can enter into a co-case management agreement between services and client.

Our service can take on a small number of people as case coordinated clients. We define Case Coordinated clients as those who are provided with multiple services, which are more intense than information and referral only. This may include, but is not limited to, advocacy, assisted referral, and court support.

Based on their assessment, staff will identify with clients what the most appropriate service is for them.

Filling out the referral form:

The referral form is the first stage of our assessment process. Therefore, it is essential that we receive as much information from the referrer as possible to assist us in making an informed decision as to the appropriateness of the service for the client's needs. Additionally, the more information you can provide would help avoid the client's re-traumatisation by having to repeat their information.

Assessment Process:

Once the referral is received by the service, a caseworker will send the referrer an email stating the referral has been received. This will occur within 48 hours of the referral being received.

Client consent is required for referral to be assessed.

A caseworker from the service will contact the client. Once contact/assessment has occurred etc. the referrer will receive an email informing of the outcome of the referral. Please note that the outcome of the referral may take time, depending on the assessment process.

Waiting List:

We aim not to have a waiting list and provide some kind of assistance to all referred women. However, from time to time, this may occur. When we decide to close our books, this information will be provided in our service email response.

Referral form

To refer a client to Staying Home Leaving Violence Service (Bankstown, Burwood, Canterbury, Fairfield and Liverpool) complete this form and fax or email it to us:

F: 02 9600 6244 | **E:** shlv@justicesupportcentre.org.au

During COVID restrictions please email.

If you have any questions, please call (02)9790 1380.

Office Use Only

In Date _____ Time _____

Conflict Check Completed Yes ☐

Is there Conflict Yes ☐ No ☐

Is this a re-referral Yes ☐ No ☐

CIMS Person ID _____

Client ID _____ (if previous client)

Admin Complete Yes ☐

(E-folder created, Referral & Email saved)

Informed Victims Services Yes ☐ N/A ☐

Caseworker _____

Area

Liverpool ☐ Fairfield ☐ Canterbury ☐

Bankstown ☐ Burwood ☐

Referrer Details:

Referral Date:	Organisation:	Contact Person:
Phone/Mobile:	Email:	

Consent from Person being referred for referral to SHLV obtained: Yes ☐ No ☐

Details of person being referred:

First Name:	Middle Name:	Surname:
Date of Birth:	Maiden Name:	
Is this person known by any other names: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, details: _____		
Gender Identity: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/>		
Do they identify as: Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Straight <input type="checkbox"/> Bi <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/>		
Have they had a trans or gender diverse experience: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address:		Postcode:
Phone – M:	H:	
Ok to leave v-msg/text: Yes <input type="checkbox"/> No <input type="checkbox"/>		Safe to call at set times:
Email:		Safe to email: Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth:	If not born in Australia, what year did they arrive:	
Do they identify as A/TSI: Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated <input type="checkbox"/>		
Language/Dialect: _____		Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Proficiency in spoken English: Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> Don't know <input type="checkbox"/>		

Migrant Status: Australian Citizen <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Sponsored Migrant <input type="checkbox"/> NZ Special Cat Protected <input type="checkbox"/> NZ Special Cat Unprotected <input type="checkbox"/> Refugee/Humanitarian <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other <input type="checkbox"/> _____
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, nature of disability: _____ Health Issues: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, nature of health issue: _____ Mental Health: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, nature of mental health issue: _____ Alcohol and Other Drugs Issues: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, detail: _____
Marital/Partnership Status: Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>

Details of Other Person:

First Name:	Middle Name:	Surname:
Date of Birth:	Is this person known by any other names: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, details: _____	
Gender Identity: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/> Do they identify as: Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Straight <input type="checkbox"/> Bi <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/> Have they had a trans or gender diverse experience: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address:		Postcode:
Phone – M:	H:	
Country of Birth:		If not born in Australia, what year did they arrive:
Do they identify as A/TSI: Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated <input type="checkbox"/>		
Language/Dialect:		Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Proficiency in spoken English: Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> Don't know <input type="checkbox"/>		
Migrant Status: Australian Citizen <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Sponsored Migrant <input type="checkbox"/> NZ Special Cat Protected <input type="checkbox"/> NZ Special Cat Unprotected <input type="checkbox"/> Refugee/Humanitarian <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other <input type="checkbox"/> _____ 		
VISA Type: Spousal <input type="checkbox"/> Fiancé <input type="checkbox"/> Student <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other <input type="checkbox"/>		
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, nature of disability: _____ Health Issues: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, nature of health issue: _____ Mental Health: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, nature of mental health issue: _____ Alcohol and Other Drugs Issues: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, detail: _____ 		
What is this person's relationship to Referee: Husband <input type="checkbox"/> Partner <input type="checkbox"/> Ex-Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/>		
Marital/Partnership Status: Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>		

Children's Details:

	Child 1	Child 2	Child 3	Child 4
Name of child				
Age				
DOB				
Gender				
Relationship to client				
Disability Diagnoses	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Country of Birth				
Year of Arrival				
Australian	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Main Language				
Migrant Status				
Who child lives with				
Name of Biological Father				
Name of Biological Mother				
School and Year				

	Child 5	Child 6	Child 7	Child 8
Name of child				
Age				
DOB				
Gender				
Relationship to client				
Disability Diagnoses	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Country of Birth				
Year of Arrival				
Australian	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Main Language				
Migrant Status				
Who child lives with				
Name of Biological Father				
Name of Biological Mother				
School and Year				

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Additional Client Information:

Is the client willing to engage in Case Coordination (CC) or ongoing Case Management (CM) support from:
SHLV: Yes ☐ No ☐ CC: Yes ☐ No ☐ CM: Yes ☐ No ☐

Please describe the kind of support needs the client has identified:

Is the relationship over: Yes ☐ No ☐ Client is not sure ☐

When was the last incident of violence:

Does the client have any concern about their safety and the children/s safety: Yes ☐ No ☐ If Yes, details:

Does their ex-partner know where they are living now: Yes ☐ No ☐

Does the person being referred want to remain in the home or is in stable accommodation: Yes ☐
No ☐

Have you referred this person to other services: Yes ☐ No ☐ If Yes, details:

Is this referral for Co-Case Management: Yes ☐ No ☐ If Yes, details:

If there is more than one defendant/ADVO/APVO, please complete the other person detail on another referral form with any relevant issues pertaining to the other defendant.