

Appendix A Evaluation framework

Q1. What changes can be made to establishment approaches to improve future implementation and operations of Orange Door sites?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data	Primary data collection
To what extent have establishment planning and operationalisation activities enabled implementation of The Orange Door foundational service model?	<p>Partnerships and networks enable sharing of information and referral practices</p> <p>The Orange Door establishment activities have been effective in enabling The Orange Door sites to commence services as intended</p> <p>Tools, systems and guidelines (eg Interim Integrated Practice Framework, Orange Door CRM and CIP) are operational and fit for purpose</p>	<ul style="list-style-type: none"> • Governance Terms of Reference • HLG and OLG • Lessons Learned and Issues Register • Meeting minutes • Orange Door 30 Day Review – interview and survey data • Orange Door Implementation plans • Orange Door Partnership Agreements • Orange Door Phase 2 Project Plan • Orange Door risk management plans • Workforce transition plans (including sequencing of role recruitment) 	<ul style="list-style-type: none"> • Executive meetings • Governance meetings • Orange Door manager interviews • PwC analysis of outputs from CIP, CRIS, IRIS and CRM • Stakeholder meetings • Staff interviews
To what extent are governance arrangements for each Orange Door site operating effectively	<p>Governance arrangements are:</p> <ul style="list-style-type: none"> • Contributing to The Orange Door effectively to deliver its functions • Embedding collective leadership of The Orange Door • Supporting integrated practice and integration of The Orange Door • Helping government and organisations to work together to achieve the goals of The Orange Door • Local enablers and barriers to effective governance arrangements are identified 	<ul style="list-style-type: none"> • HLG and OLG meeting minutes • HLG Terms of Reference • OLG Terms of Reference • Orange Door 30 Day Review – interview and survey data • Orange Door Leadership Group Minutes • Partnership agreements • Service provider interface documentation 	<ul style="list-style-type: none"> • Executive interviews • Orange Door manager interviews • Staff interviews • Stakeholder meetings

Q2. To what extent is The Orange Door operating as intended by the initial service offering?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data and information	Primary data collection
To what extent is The Orange Door operating as intended, and making use of systems and processes?	The Orange Door sites are offering the full suite of foundational services	<ul style="list-style-type: none"> Administrative data on cases created and closed (by client type) (CRM) Administrative service use data for core service usage (CRM) 	<ul style="list-style-type: none"> Supplementary staff interviews (if needed)
	Clients are being referred to The Orange Door from the various sources expected	<ul style="list-style-type: none"> Administrative data on referral sources (including contact method and third party referral sources) (CRM) 	<ul style="list-style-type: none"> Staff interviews PwC analysis of outputs from IRIS, CRIS, CRM and HDC
	The Orange Door sites are managing demand	<ul style="list-style-type: none"> Data on clients waiting for a service from The Orange Door Interim (draft) Demand Management and Prioritisation policies and procedure documentation 	<ul style="list-style-type: none"> Executive interviews Staff interviews PwC analysis of outputs from IRIS, CRIS, CRM and HDC
	Clients are effectively screened, triaged and provided with a response to their immediate risks and needs	<ul style="list-style-type: none"> Administrative data on clients waiting for a service but not allocated to a worker for assessment Administrative data on referrals to crisis or emergency supports (including Safe Steps) through CRM Interim (draft) Demand Management and Prioritisation policy and procedure Orange Door Risk and issues register 	<ul style="list-style-type: none"> Executive interviews Client interviews Staff interviews

Q2. To what extent is The Orange Door operating as intended by the initial service offering?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data and information	Primary data collection
To what extent are clients connected to the right services at the right time? ¹⁵⁹	<p>Service responses are tailored to need and risk</p> <p>Clients who are not able to be immediately allocated or referred to services are provided with active management and support (holding) in partnership with core services</p>	<ul style="list-style-type: none"> Administrative data on number of Family Violence referral to core and other services (CRM) Administrative data on referral to core and other services Administrative data on risk assessments Case studies collected by staff Initial service model documentation Protocols/procedures for holding responses Orange Door 30 Day Review data – surveys and interviews 	<ul style="list-style-type: none"> Client interviews Staff interviews PwC analysis of outputs from IRIS, CRIS, CRM and HDC
To what extent is The Orange Door effective in assessment and management of risk and need?	<p>Clients are assessed and their risks and needs are accurately identified</p> <p>Client preferences and choices are taken into consideration when assessment and management of risk and need are conducted.</p>	<ul style="list-style-type: none"> Administrative data on needs assessments (CRM) Administrative data on risk assessments (CRM) Administrative data on Safety Plans conducted (CRM) Administrative data on number of client allocations/ referrals mis-directed to The Orange Door Assessment procedure policy and documentation Case studies collected by staff Evidence that women, children and other family members are individually assessed Initial service model documentation Orange Door 30 Day Review – survey data 	<ul style="list-style-type: none"> Executive interviews Client interviews Staff interviews PwC analysis of outputs from CRM and CIP

¹⁵⁹ Aligns with the Family Violence Outcomes Framework. Indicators to inform this outcome may be refined based on findings/available data from this developmental evaluation of The Orange Door

Q3. To what extent is The Orange Door initial service offering contributing to improving client experience and client and system outcomes?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data and information	Primary data collection
To what extent is The Orange Door visible, accessible and safe (including culturally safe) at each site?	Orange Door sites have been set up at a physical location that is visible and accessible	<ul style="list-style-type: none"> • FSV location and building planning documentation 	<ul style="list-style-type: none"> • Environmental scan • Client interviews • DHHS design group consultation • Orange Door manager interviews • Location mapping of The Orange Door and access to partner/other service providers • Staff interviews • Review public transport routes
	Orange Door sites are close to other community service providers and public transport		
	Building features and physical space are safe and fit for purpose	<ul style="list-style-type: none"> • Desktop review of design documentation • Orange Door 30 Day Review – survey data 	<ul style="list-style-type: none"> • Infrastructure scan • Management interviews • Staff interviews
	Access options are established and operational (including telephone and on-line access, alternative Orange Door access points; and outreach or mobile workers)	<ul style="list-style-type: none"> • Data on access channels for screenings (by type of contact method) (CRM) 	<ul style="list-style-type: none"> • Desktop review of access information • Management interviews • Staff interviews
Orange Door sites provide a safe and inclusive environment and service response (including culturally safe) for all people in need of their support	<ul style="list-style-type: none"> • Cultural safety assessments • Data on diversity of characteristics of service users (gender, Indigenous status and disability) (CRM) • Disability access assessments • Risk and Occupational Health and Safety (OH&S) management plan • The Orange Door inclusiveness policies • Workforce cultural safety training schedule 	<ul style="list-style-type: none"> • Aboriginal Practice Leader/worker interviews • Executive interviews • Client interviews • Staff interviews 	

Q3. To what extent is The Orange Door initial service offering contributing to improving client experience and client and system outcomes?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data and information	Primary data collection
To what extent has The Orange Door ensured clients receive information and options that respond to their needs and enable informed choices?	Clients are supported to manage and reduce their risks and address their needs, based on advice and information provided by The Orange Door	<ul style="list-style-type: none"> • Policy and procedures around information provision related to risk and need • CRM data on the range of advice and information provided to clients • Orange Door staff training modules on advice and information provision • Orange Door 30 Day Review – survey and interview data 	<ul style="list-style-type: none"> • Client interviews • Staff interviews • PwC analysis of outputs from CRM and CIP
How is The Orange Door working to keep perpetrators in view ¹⁶⁰ to keep women and children safe?	<p>Information and material is shared to assess and respond to family violence risk</p> <p>Information is shared to enable a tailored service response for perpetrators</p>	<ul style="list-style-type: none"> • Administrative data on CIP reports delivered (CRM) • Administrative data on CIP requests made (CRM) and reason • CRM information indicating multi-disciplinary approach in service delivery • Data on intervention type and referrals for perpetrators • Orange Door 30 Day Review – survey data • Risk Assessment (ICRAT) data 	<ul style="list-style-type: none"> • Staff interviews • Client (perpetrator) interviews • PwC analysis of outputs from CRM and CIP

¹⁶⁰ Aligns with the Family Violence Outcomes Framework. Indicators to inform this outcome may be refined based on findings/available data from this developmental evaluation of The Orange Door

Q4. To what extent does The Orange Door workforce have the resources, capacity and specialist expertise to undertake the full range of functions articulated in the initial service offering?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data and information	Primary data collection
To what extent is the integrated and multi-disciplinary approach to service provision at each Orange Door site working to support better outcomes?	<p>Orange Door sites' intake, assessment, intervention and referral processes draw appropriately from disciplines represented in The Orange Door</p> <p>Enablers and barriers to multidisciplinary service in The Orange Door are identified</p>	<ul style="list-style-type: none"> • CRM data that demonstrates evidence of a multi-disciplinary approach to service provision • Orange Door 30 Day Review – survey data • Orange Door policy and procedure documentation • Orange Door processes/systems for engagement with practice leaders 	<ul style="list-style-type: none"> • FSV Executive interviews • Orange Door manager interviews • Management interviews • Staff interviews
To what extent does The Orange Door workforce have the resources, capacity and specialist expertise to undertake the full range of functions articulated in the foundational offer?	Orange Door are staffed in line with The Orange Door service model	<ul style="list-style-type: none"> • Data on training received by Orange Door staff • Desktop review of Orange Door staffing information/model • Evaluations of Orange Door training • Orange Door 30 Day Review – survey data • Orange Door organisation charts • Orange Door position descriptions 	<ul style="list-style-type: none"> • Executive interviews • Orange Door manager interviews • Staff interviews • PwC analysis of outputs from CRM and CIP
To what extent does The Orange Door workforce have the skills to recognise and manage signs of family violence, including perpetration, and child vulnerability?	Training and support has been provided to staff to recognise and manage signs of family violence, including perpetration, and child vulnerability	<ul style="list-style-type: none"> • Desktop review of Orange Door training schedule and delivery • Evaluation of Orange Door training • Orange Door 30 Day Review – survey data 	<ul style="list-style-type: none"> • Client interviews • Orange Door management meeting • Staff interviews • Stakeholder meetings

Q4. To what extent does The Orange Door workforce have the resources, capacity and specialist expertise to undertake the full range of functions articulated in the initial service offering?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data and information	Primary data collection
To what extent does The Orange Door workforce have the skills to meet the needs of diverse client groups (eg Aboriginal, CALD and LGBTIQ clients)?	<p>Orange Door sites are appropriately staffed, and staff are appropriately trained, to meet the needs of diverse clients</p> <p>Enablers and barriers to meeting the needs of diverse clients are identified</p>	<ul style="list-style-type: none"> • Data on training assessment measures and performance monitoring of staff skill levels in meeting the needs of diverse clients • Evidence of specialist Orange Door advisors/organisations available • Training schedule/evidence for staff 	<ul style="list-style-type: none"> • Client interviews • Orange Door manager interviews • Staff interviews

Q5. To what extent is The Orange Door supporting service integration and coordination at the local level?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data and information	Primary data collection
To what extent are mechanisms in place to ensure information is shared and used?	<p>Information sharing protocols and practices are in place between Orange Door sites and referring bodies</p> <p>Information about referrals and referral outcomes is shared between The Orange Door and referring bodies and services</p> <p>Information about perpetrators is:</p> <ul style="list-style-type: none"> • shared • used in service delivery • used for referral <p>The enablers and barriers to effectively using shared information to deliver appropriate outcomes for service users are identified</p>	<ul style="list-style-type: none"> • Administrative data on referrals to core and other services (CRM) • Data on the request, use and sharing of CIP reports • Document review of policy/procedures (including MARAM risk assessment and management protocols) • Orange Door 30 Day Review – survey data • Protocols and systems for feedback from agencies whom clients have been referred 	<ul style="list-style-type: none"> • Orange Door manager interviews • Management interviews • Staff interviews • PwC analysis of outputs from CRIS, CIP, IRIS, CRM and HDC
To what extent is information sharing contributing to effective assessment and coordinated response to family violence risk?	Data and information is used to enable consistent and timely approaches to sharing of information between agencies.	<ul style="list-style-type: none"> • Administrative data on CIP requests (and purpose of request) (CRM) • Administrative data on CIP reports delivered (and purpose of report) (CRM) • Orange Door 30 Day Review – survey data 	<ul style="list-style-type: none"> • Staff interviews • Management interviews • Orange Door manager interviews

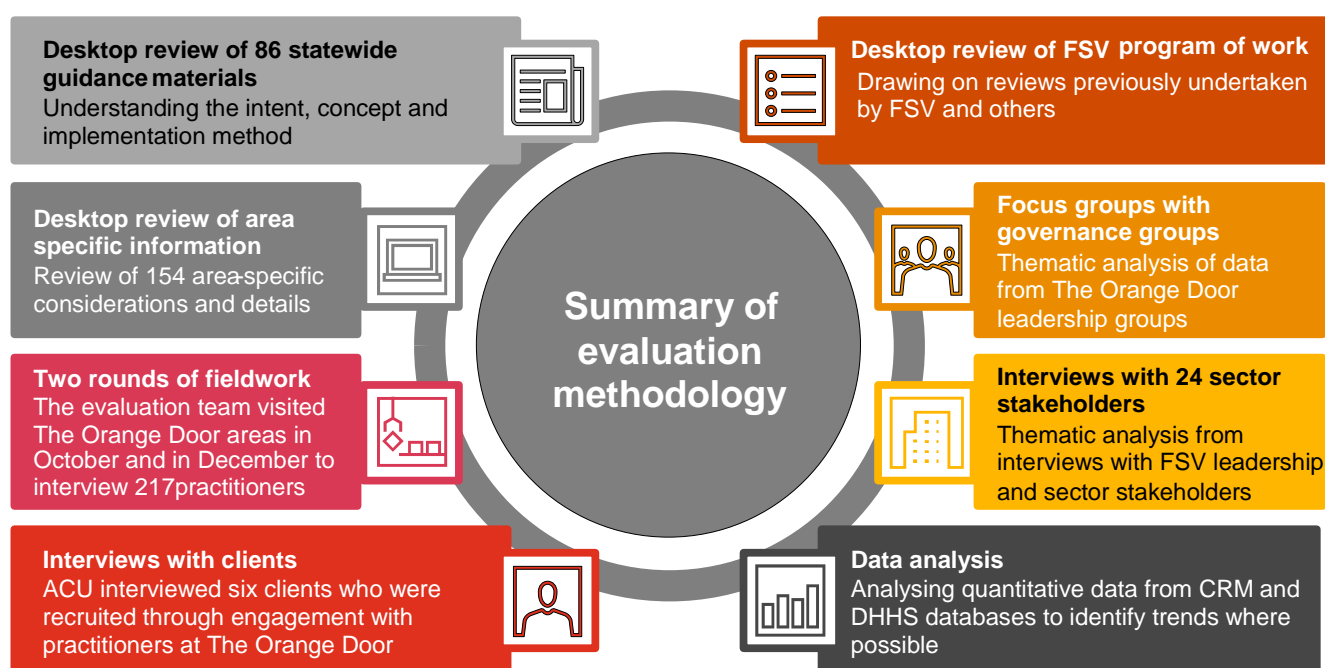
Q5. To what extent is The Orange Door supporting service integration and coordination at the local level?

Lines of Inquiry	Indicators	Methods and Data Sources	
		Existing data and information	Primary data collection
To what extent have The Orange Door systems and processes supported system integration and resulted in better collaboration between services?	<p>Orange Door referral pathways and agreements facilitates system integration and service access</p> <p>Connections to core services (eg family violence and family services) and critical interfaces (eg after hours responses, refuges, child protection, justice agencies) are timely and effective</p>	<ul style="list-style-type: none"> • Document review of referra pathways and/or agreements • Evidence in CRM of consultation input from different services • Evidence of local and statewide systems and processes that support collaboration 	<ul style="list-style-type: none"> • Orange Door manager interviews • Management interviews • Staff interviews • PwC analysis of outputs from CRIS, CIP, IRIS, CRM and HDC

Appendix B Evaluation methodology

The scope of the evaluation is defined by five overarching questions (outlined in Appendix A in terms of lines of enquiry, indicators, methods and the data sources used to collect evaluation evidence). We worked collaboratively with FSV in the design and development of the evaluation including refinement of FSV's existing evaluation framework to sharpen the focus on specific lines of inquiry for the 2018 evaluation. This co-design process helped us to agree on the evaluation structure and focus, and it helped to ensure the evaluation methodology has minimal impact on The Orange Door operations. Figure 2 summarises the methods used to inform the evaluation and findings presented in this report.

Figure 14: Evaluation methods



Ethical review

Ethical review of The Orange Door 2018 evaluation was planned from the onset and was considered particularly important as it involved interviewing clients to “gather information beyond that which is collected routinely.”¹⁶¹ The sensitivity of the circumstances in which clients presented at The Orange Door may also have meant that evaluation activity “infringed upon the privacy of participants.”¹⁶² As such, ethical review was required.

The DHHS HREC application process required submission of a considerable volume of documentation to enable the committee to make a decision on the ethical merit of the proposed research. The documentation included a:

- project protocol that outlined the research
- methodological approach

¹⁶¹ NHMRC (2014) Ethical Considerations in Quality Assurance and Evaluation Activities. March 2014. p.3.

¹⁶² NHMRC (2014) Ethical Considerations in Quality Assurance and Evaluation Activities. March 2014. p.3.

- participant cohort, recruitment and consent processes. These included supporting documents such as participant information sheets, consent forms, interview schedules, participant selection criteria (associated with our proposed recruitment process) and Victorian Specific Module (VSM) and Human Research Ethics Application (HREA) application forms.

The evaluation team also reviewed relevant guidelines including the Australian Code for the Responsible Conduct of Research, Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS) Guidelines for Ethical Research in Australian Indigenous Studies, ANROWS requirements for research projects and ANROWS' *A guide to evaluating interventions relating to violence against women*. The team also sought advice from relevant FSV project and policy leads. The evaluation team also sought expert advice from No To Violence, Bethany Community Support as well as FSV's Sexual Assault Policy and Programs area to develop the second application requesting approval to interview perpetrators of family violence.

Application submission needed to coincide with the existing committee's meetings. We undertook two separate submissions following advice for the HREC: one that related to the overall evaluation (submitted in August 2018 with ratification being obtain in December 2018) and one that related primarily to primary data collection from perpetrators of family violence (submitted in October 2018 and ratified by the HREC in February 2019).

The ethics application process – as an in-depth and expansive process – served as an effective way to consider all avenues of the proposed research, and became the foundation for the evaluation. Ethics applications are commonly a long process involving detailed documentation of methods, and the volume of work involved was predicted and planned for by PwC, ACU and FSV. However, in our experience submitting a range of large scale social and health research and evaluation applications to varied government, academic and commercial ethics committees, it is our view that the sensitivity of The Orange Door application coupled with the HREC's limited understanding of The Orange Door service model created delays to progressing with data collection for the evaluation beyond what would reasonable be predicted. The ethical review process for the 2018 evaluation required considerable more effort, time and cost than was initially planned. This was largely due to the concerns raised by the DHHS HREC regarding The Orange Door service model and evaluation interactions with vulnerable cohorts of clients and perpetrators of family violence.

However, the process of ethical review for the evaluation has familiarised the DHHS HREC with the concept of The Orange Door and improved its understanding of 'risk' in this environment. This has provided a strong foundation of understanding for evaluations of this nature in the future.

Desktop review

FSV provided PwC with a large number of documents to inform the evaluation, including:

- 86 documents relating to statewide rollout of The Orange Door, including the concept, model, specifications, practice guides, organisational charts, implementation reporting, etc.
- 40 documents relating to evaluations, reviews and client feedback conducted by FSV and others.
- 154 site-specific documents, including HLG and OLG minutes, localised processes, staff feedback and commencement reports.

There were a number of purposes of the desktop review:

- **Provide background context:** Following the commencement of the project, PwC reviewed the documents to develop background context, to ensure the evaluation did not cover 'old ground', and to inform its findings.
- **Open opportunities for follow-up:** Review of site-specific documents provided the evaluators opportunities to follow up on themes and gather supplementary data during field work
- **Facilitate opportunities for detailed discussions with data custodians:** Review of data and documentation allowed evaluators to identify FSV and DHHS held data sources that may provide useful data to include in the evaluation. A number of follow up meeting where held with data custodians to facilitate formal data requests.

- **Inform an evaluation baseline:** The Support and Safety Hubs statewide concept, service model and service specifications and related practical guidelines were used to evaluate the progress of The Orange Door against its intended design.

We undertook a literature review, building on existing research undertaken by FSV, of research relating to integrated practice and matrix models, and engaging clients in research.

Focus groups and interviews with the sector and FSV

PwC/PIC undertook evaluation interviews with a range of government and non-government stakeholders to seek their views on the establishment, operations and service delivery at The Orange Door and opportunities for improvement. Table 9 provides an overview of the stakeholder interviews.

Table 9: Overview of stakeholder interviews held for the evaluation

Agency	Unit/role	Total number of participants
Court Services Victoria	Family Violence Reform	1
Department of Health and Human Services	Children & Families Reform Unit	6
	Disability and Operations (2)	
	DHHS Area Directors (4)	
Family Safety Victoria	Hubs Operations	1
Victoria Police	Family Violence Command	2
	Centre for Excellence in Child and Family Welfare	1
	Dhelk Dja Action Group Chairs	2
	inTouch	1
	No to Violence	2
Non-government stakeholders	Bethany Community Support	
	Victim Survivor Advisory Council (2 sessions)	4
	Mallee District Aboriginal Services	1
	Victorian Aboriginal Child Care Agency	2
	Domestic Violence Victoria	1

Fieldwork

PwC undertook field work for the evaluation at each The Orange Door area on two occasions as outlined in Table 10.

Table 10: Details of timing and methods of field work

Location	Evaluation method	Total number of participants
The Orange Door in Barwon	HLG focus group	53
Fieldwork 1: 7 Nov – 9 Nov	OLG focus group	
Fieldwork 2: 29 – 30 Nov; 7 Dec	Team Leader focus group Group interviews Individual interviews (across all roles at The Orange Door)	
The Orange Door in BPA	HLG focus group	64
Fieldwork 1: 7 Nov – 9 Nov	OLG focus group (x2)	
Fieldwork 2: 27 Nov – 29 Nov	Practitioner focus groups Team Leader focus group Individual interviews Paired interviews	
The Orange Door in Mallee	HLG focus group (10)	48
Fieldwork 1: 31 Oct – 2 Nov	OLG focus group (6)	
Fieldwork 2: 5 – 7 Dec	Group interviews Paired interview Individual interviews	
The Orange Door in North East Melbourne	HLG focus group	52
Fieldwork 1: 30 Oct – 2 Nov	OLG focus group	
Fieldwork 2: 4 – 7 December	Team Leader focus group Practitioner focus groups Group interview Individual interviews	

The focus of fieldwork in phase 1 was establishment and operations. A deliberate break was planned between phases of fieldwork so that we could focus on different aspects of The Orange Door to obtain deep insights as well as to consolidate findings across The Orange Door sites (through a consolidation workshop at PwC with FSV project staff)

Fieldwork consisted of:

- **a safety briefing** to ensure we were inducted in relevant health and safety protocols
- **an orientation session** to understand each specific Orange Door site and staff.
- **desktop review** of additional local documentation provided by The Orange Door area which included operational processes (ie screening, assessment processes and specialised interventions) to identify how each Orange Door site has applied central guidance on policy and practice to their unique contexts.

- **Evaluation interviews with staff** Interviews were conducted with The Orange Door staff with the option of being interviewed in pairs or as a focus group. Timing of interviews was flexible to work around staff work schedules and a small number of alternate arrangements were made to include a telephone conversation if we were unable to reschedule a time during the designated fieldwork period. Interviews were semi-structured and allowed The Orange Door staff to discuss topics relevant to them.
- **Evaluation interviews with The Orange Door leadership groups:** Focus group interviews were held with Hub Leadership Groups and Operational Leadership Groups in both rounds of fieldwork at every site.

Support from FSV, particularly the project team and Hubs Operations Managers, were critical to communicate and engage with The Orange Door effectively about the evaluation. Assistance from the FSV project team and Hub Managers proved invaluable for ensuring the right information was provided at the right time to help The Orange Door workforce understand the upcoming evaluation activities and their purpose.

Client interviews

Overall, the number of clients recruited for this first evaluation of The Orange Door was significantly lower than was anticipated. A number of factors contributed to this including timing of recruitment and likely willingness of clients to prioritise evaluation involvement during times of personal difficulties.

Interviews with clients were conducted to collect service user insights about The Orange Door. Interviews were undertaken by ACU staff who have expertise working with and undertaking research with people experiencing disadvantage. Clients had the option as to the time, duration, location and a support person or participant advocate to attend with them. A voucher was offered to thank and compensate clients for their time (but was not available for interviews with perpetrators).

Workers at The Orange Door were provided with resources to assist with the recruitment of clients. Key resources included a participant information sheet (explaining the evaluation to potential participants and inviting their participation) and a consent form to provide to clients. Workers also received participant selection criteria designed to inform decisions on which clients to approach about taking part in an interview (eg to only encourage participation where is unlikely to disrupt provision of services to that client).

Eleven clients from three of these sites expressed an interest in participating in an interview. Evaluators made anywhere from one to five phone calls to connect with the client and confirm their intent to proceed to an interview and to make a suitable time when the client had privacy.

Six clients from across three sites consented to participate in a telephone interview. The other five withdrew for a range of reasons including inability to provide a signed consent form, work commitments and reported feelings of vulnerability regarding their current wellbeing and safety.

The main issue of concern for presenting at The Orange Door for all but one research participant was their experience(s) of domestic and family violence. Two of these participants had also engaged with The Orange Door about child welfare concerns. The client who represented the exception had approached The Orange Door solely with a child wellbeing concern.

Evaluators had briefed The Orange Door workers about recruiting clients who had used violence towards others in their family (perpetrators of family violence). Although The Orange Door staff were aware and had agreed to try and help recruit these participants, none of these clients attending The Orange Door who used violence were referred to the evaluators for a possible interview.

Evaluators followed the agreed ethical protocols during the conduct of the client interviews. Prior to commencing the interview, evaluators went through a verbal consent process to confirm that participants understood why they were being asked to participate and what was involved. This verbal confirmation of their consent was important, due to the delay between the request for an interview and when the interview was conducted. For example, on one occasion, over one month elapsed between when the participant had signed the consent form in the presence of a worker and their availability for an interview. Evaluators had developed (but never needed to implement) a 'distress protocol' outlining actions to take should a participant demonstrate signs of stress or trauma during the interview. Evaluators also offered to contact

participants (with their consent) by phone around three days after the interview to ensure the interview had not triggered any wellbeing concerns. Three participants consented to a follow-up phone call. No wellbeing concerns were identified.

A semi-structured interview style was adopted. Interviews sought to identify participants' perceptions of access (eg physical and information accessibility), the service experience (eg timeliness of responses, competency of the workforce, cultural responsiveness, appropriateness of referrals) and the results of the contact with The Orange Door. Four of the participants reflected on past experiences of The Orange Door (having exited the service anywhere from six to eight months prior to the interview). Two clients were still working with The Orange Door at the time of the interview.

Analysis of the client interviews proved challenging due to the small number of clients interviewed. The recruitment strategy was unable to recruit sufficient numbers and diversity to be representative of The Orange Door clients. The small number of clients agreeing to participate meant that information redundancy or data saturation was never realised (ie the point at which no new information emerges in the data).

The key evaluation questions, corresponding lines of enquiry and findings from the other components of the evaluation represented the point of focus for the qualitative analysis. Evaluators sought insights from the interviews on the extent to which Orange Door contributed to a positive client experience. Where appropriate, we also sought observations from the interviews that either supported or presented an alternative experience to those reported by The Orange Door workforce as part of the evaluation. Importantly, the observations garnered from the client interviews are not intended as a representative view. Instead they speak to the customer service experience of a small number of people that may or may not accurately reflect the broader client base of The Orange Door services (particularly those who use violence, rather than experience violence).

In summary, our reflections on data collection from clients of The Orange Door as part of this evaluation are that early engagement and education with The Orange Door areas is necessary to ensure their understanding about the evaluation, recruitment process and importance of obtaining informed consent particularly when working with vulnerable clients.

The amount of supporting documentation for practitioners to recruit clients (and comply with ethics approval¹⁶³) deterred practitioners' engagement with the process and recruitment of clients. This was coupled with the early phase of The Orange Door establishment, where the focus of the workforce was on developing and embedding practice processes and systems rather than facilitating evaluation activities.

Data analysis

This section outlines the data sources used to inform the evaluation, specifically the quantitative data provided by FSV and DHHS, and the qualitative data collected through evaluation interviews with The Orange Door workforce, FSV staff, peak bodies and clients.

Quantitative data

As part of the evaluation, PwC determined which quantitative datasets would be relevant to the evaluation framework and requested relevant data from the following FSV and DHHS databases:

- CRM – FSV
- Client Relationship Information System (CRIS) – DHHS
- Integrated Reports and Information System (IRIS) – DHHS
- Homelessness Data Collection (HDC) – DHHS

¹⁶³ While a requirement of the HREC, written consent for clients of The Orange Door to participate in the evaluation acted as a disincentive for clients. Verbal consent promoted more seamless engagement with clients.

The evaluation team met with data custodians/analysts for each dataset to understand its structure, data content, and clarify any issues. The evaluation team engaged repeatedly with the data custodians/analysts as the data were analysed and reports were written, to clarify data fields and confirm interpretation.

Data from the DHHS databases was utilised as part of analysing demand pre- and post-The Orange Door, however, they are not directly relevant to the evaluation report and lines of inquiry, so only data from the CRM has been presented in this report.

The main quantitative dataset used to inform this report is CRM data from The Orange Door for the period between commencement until the end of December 2018, to coincide with the final phase of fieldwork.¹⁶⁴

- Where possible, we disaggregated the data to analyse individual Orange Door areas; current data constraints mean that we needed to aggregate some data across areas and demonstrate trends across the four operating Orange Door areas when analysing against the evaluation framework.
- The CRM currently provides a small set of data that are subject to a range of quality issues. It is not possible to extract data from some data fields in a way that was useful for analysis and to inform decisions about demand management and service delivery (at this early stage of implementation).
- Because the CRM is an evolving data source, data fields, categories and labels may change, and data quality is likely to improve.

This report does not focus in-depth on issues with data quality; however, we identified some limitations of the CRM that impact the analysis we were able to undertake for the evaluation.

Table 11: Key parameters for CRM data used in this evaluation

Quality parameters	Impact on analysis
System development: CRM has been operational for less than a year and FSV is progressively upgrading the system aligned with scheduled CRM upgrades and in response to practitioner feedback.	<ul style="list-style-type: none"> • Data fields, categories and labels have changed. • Data to inform future evaluations may be of higher quality. • Upgrades responsive to practitioner feedback may lead to more consistent recording of information.
Data structure changes over time: Due to upgrades, data fields, categories and labels changed over the first half of 2018-19 meaning that data may not always be consistent.	<ul style="list-style-type: none"> • Less detailed data is available prior to October 2018, meaning that some figures show data from October – December 2018 only. • Data labels have been standardised across time points where appropriate.
Real-time data: Timely data is able to be extracted from the CRM; it requires less validation before extraction.	<ul style="list-style-type: none"> • The evaluation analysed December 2018 data despite the small turnaround time.
Consistency of data recording: There are differences in how practitioners record information, particularly where there are many, non-mutually exclusive data categories such as in risk and needs assessments. Many fields are left blank, making it difficult to determine whether the data are representative.	<ul style="list-style-type: none"> • Where there are a number of overlapping data categories, we used aggregate totals rather than more detailed data breakdowns. • In demographic data, we assumed that blank data for Aboriginal and disability status mean the descriptor is not applicable to the case.
Data capture: Low level of data recording for some fields, particularly relating to client demographics, risk and needs assessments, and allocations/referrals out.	<ul style="list-style-type: none"> • There is a higher likelihood of sample bias due to lower numbers of records.

¹⁶⁴ Use of CRM data from 2019 would be problematic as there would be limited qualitative data from that period to validate volumes and trends.

Quality parameters	Impact on analysis
Data maturity: Data for November – December 2018 may change as data are updated or validated, or as cases are closed.	<ul style="list-style-type: none"> We analysed data where appropriate and noted caveats on data use and interpretation where necessary. Changes to data should be minor if they occur, and are unlikely to affect the overall trends presented in this report.

Source: PwC analysis and information provided by FSV.

Qualitative data

Using a variety of methods, we collected qualitative evaluation data to supplement the quantitative analysis or to provide context to interpretations and conclusions drawn from quantitative analysis.

Figure 15 provides an overview of the qualitative methods and data analysed for this evaluation.






Location 	Stakeholder 	Primary data collection method 	Type of data collected 	How used in this report? 
The Orange Door areas	Practitioners and FSV employed staff	Focus groups and interviews	<ul style="list-style-type: none"> Site-specific experiences Practice guidance and direction Case studies 	To triangulate with or supplement gaps in quantitative data
	Hub management inc. HLG and OLG	Individual interviews	<ul style="list-style-type: none"> Management decisions System parameters Chronological accounts 	To triangulate with or supplement gaps in quantitative data
FSV	FSV staff and executives	Executive interviews and FSV meetings/ correspondence	<ul style="list-style-type: none"> Concept and design features System parameters Operational developments 	To inform context and broad trends
External	Government and non-government	Executive Interviews	<ul style="list-style-type: none"> Historic context Concept and co-design Interaction with The Orange Door 	To inform context and supplement/ triangulate with quantitative data
Clients	Community	Individual interviews	<ul style="list-style-type: none"> Client voice Case studies Views on The Orange Door model 	To ensure the client voice is heard

Figure 15: Summary of qualitative data sources used in the analysis for The Orange Door 2018 Evaluation

We collected qualitative data primarily at each of the four Orange Door areas across two rounds of fieldwork conducted between October and December 2018. We offered participants the option of an individual, paired or group interview. We prearranged focus groups and/or drew on existing group meetings (for example, the HLG, OLG and team leader meetings). By comparison, group interviews were drop-in sessions comprising three or more participants who were from the same or different roles and specialties (for example, a team leader, practice lead and service system navigator, or practitioners from different teams). We collected and collated qualitative data and used the evaluation framework to analyse the information thematically.

We conducted individual interviews with stakeholders not based at The Orange Door, including FSV executives, government stakeholders (for example, DHHS, Court Services Victoria, Victoria Police), peak bodies, Dhelk Dja Action Group chairs, and non-government agencies. Interviews were up to an hour in duration and focused on a range of topics including establishment of The Orange Door and co-design of the model. Interview schedules were tailored to the needs of the stakeholder interviewed.

Additionally, some members of the FSV project team¹⁶⁵ attended meetings with the evaluators to provide information to supplement our understanding of the model and operations (that is, background, evolution of the model, design features and local variations), as well as provide key documentation.¹⁶⁶

¹⁶⁵ This included those from the Service Design and Reform and Hub Operations team.

¹⁶⁶ This included Support and Safety Hubs documents – Service Model, Service Specifications, Operational Guidelines, Interim Integrated Practice Framework, and a range of other resources.