SAFE+EQUAL

Standing strong against family violence

Measuring Family Violence Service Demand Project

Phase Two Outcomes Report

December 2022

Acknowledgement of Traditional Owners

Safe and Equal acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. We pay respects to Elders past and present. We acknowledge that sovereignty has never been ceded and recognise First Nations peoples' rights to self-determination and continuing connections to land, waters, community, and culture.

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About Safe and Equal

Safe and Equal is the peak body for specialist family violence services that provide support to victim survivors in Victoria. The interests of people experiencing, recovering from, or at risk of, family violence is at the heart of everything we do. Our vision is a world beyond family and gender-based violence, where women, children and people from marginalised communities are safe, thriving, and respected. We recognise the gendered nature of violence in our society, and the multiple intersecting forms of power and oppression which can compound the impacts of violence and limit people's access to services, support, and safety. We work closely and collaboratively with other organisations and support the leadership of victim survivors to amplify their voices and create change.

We provide specialist expertise across primary prevention, early intervention, response and recovery approaches and the inter-connections between them. Our work is focused on developing and advancing specialist practice for responding to victim survivors, building the capability of specialist family violence services and allied workforces, organisations and sectors that come into contact with victim survivors; building the capabilities of workforces focused on primary prevention; and leading and contributing to the translation of evidence and research, practice expertise, and lived experience into safe and effective policy, system design and law reform.

We develop family violence practice and support workforces to ensure that victim survivors are safe, their rights are upheld, and their needs are met. The prevalence and impact of family and gender-based violence will be reduced because we are building a strong and effective workforce responding to victim survivors that can meet the needs of the community we serve, while also having a growing and impactful workforce working to prevent violence.

We work to strengthen and connect organisations, sectors, and systems to achieve safe and just outcomes for victim survivors irrespective of entry point, jurisdiction and individual circumstances. Joining efforts across prevention, response, and recovery we work to ensure the family violence system is informed and supported by a well-resourced and sustainable specialist sector. Our contributions to primary prevention workforces, initiatives and alliances contribute to social change for a safer and more respectful community.

We are building momentum for social change that drives meaningful action across institutions, settings, and systems for a safer and more equal society. Our workforce and practice development efforts are coupled with a partnership approach that builds community awareness and commitment to change. Our expertise and efforts enable citizens across the community to recognise and respond to family and gendered violence, hold perpetrators to account and support the ongoing recovery and empowerment of victim survivors.

We are a strong peak organisation providing sustainable and influential leadership to achieve our vision. The work we do and the way we work are integrated and align with our values. This is achieved through inclusive culture, and a safe and accessible workplace supported by robust systems and processes.

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Foreword

The Victorian family violence system continues to transform and expand as the post-Royal Commission reforms are implemented. Nowhere else in Australia have we seen the kind of investment and political will committed to improving outcomes for victim survivors. As a result, Victoria is in many ways leading the country in ensuring a coordinated systemic response to family violence.

However, we do not have a clear picture of whether the reformed service system is meeting the needs of victim survivors, if services are resourced to meet ever-rising need for support in the community, and ultimately whether interventions are leading to safe and just outcomes. A major barrier to gaining this information is that in Victoria, a complete state-wide data set inclusive of all family violence services, family violence cases, and clients does not exist.

The insights gathered through the Measuring Family Violence Demand project has allowed us to gain new understanding of current system demand and capacity and is enabling us to understand what is required to build sector data capability moving forward. Through this work the sector will be able to tell an accurate and meaningful story of state-wide family violence demand and effectively advocate for resourcing to provide victim survivors with the support they need when they need it.

We are so grateful to our colleagues within the Victorian Government whose partnership in this project has been critical in building common understanding, gaining insights and identifying a way forward.

We deeply thank those Safe and Equal member organisations who contributed to this important work. Participation in this project added to already heavy workloads, and yet so many leaders and practitioners chose to contribute because they recognised the critical need for our sector to better understand the demands on our services.

We look forward to continuing to collaborate with our members and partners in government as our sector moves toward the collection of data driven by a whole of system view that can show us whether we are providing and achieving safe and just outcomes to victim survivors and holding perpetrators to account.

Tania Farha
CEO, Safe and Equal

Audience, Focus and Approach

This report's primary audience are Victorian specialist family violence services, government funders and policy makers, and other key stakeholders that engage in systems change in relation to the family violence sector. This report outlines the project methodology, findings, and recommendations.

Executive Summary

A holistic and complete picture of demand for specialist family violence services and their capacity to meet that demand is not currently possible because the management, collection and reporting of family violence data is inconsistent and incomplete. The purpose of the Measuring Family Violence Services Demand Project has been to better understand and find solutions to this issue.

Phase One of the project developed and piloted a demand data indicators framework in partnership with specialist family violence services. Phase Two of the project has subsequently focused on an in-depth analysis of the findings from Phase One, and further data collection and consultation to better understand current system demand and capacity, and scope opportunities for strengthening the sector's data capability into the future.

The data collected in Phase Two highlight that specialist family violence services continue to face higher caseloads with increased risk and complexity as they work within a context of uncertain funding arrangements, high rates of clients cycling through the system repeatedly, and broader systemic inadequacies and barriers hindering safe and just outcomes for victim survivors.

Furthermore, Phase Two reinforces the critical need to further invest in evidence building and data capability. Services are exceeding service delivery targets with under-resourced teams, yet so much of their work and unmet demand is invisible due to data system limitations.

Throughout Phase Two of the project, Safe and Equal and Family Safety Victoria partnered to address these limitations. Through a series of workshops, we assessed current family violence data capability, identified opportunities to strengthen Victoria's family violence case management data collection platforms, and agreed on actions to improve data collection and data sharing into the future.

Phase Two has provided a series of recommendations which look at both systems and practice changes which aim to address the persistent gaps the sector faces in capturing how clients come into the system, how they move through it, and where the blockages are.

The following outcomes will contribute to improving practice, improving data systems, and increasing family violence data capability.

- Drawing on the demand indicators framework piloted in Phase One, Safe and Equal has developed a bespoke data collection methodology to be piloted with its members and will scope further targeted opportunities to collect waitlist data.
- Safe and Equal and Family Safety Victoria have drafted a data dictionary to strengthen data quality and practice consistency and will work in consultation with members to finalise and implement this.
- Safe and Equal will collaborate with Family Safety Victoria to modify existing data collection processes and increase data sharing.
- Safe and Equal and Family Safety Victoria will continue to explore what can be done to strengthen, improve and align Victoria's specialist family violence data collection systems.

While outside the scope of Phase One and Phase Two, the project has identified a series of long-term practice and systems challenges that are currently impacting our ability to create a “whole of system” view of demand and capacity and will need to be addressed in order to meet the needs of victim survivors. These include:

1. Continue to invest in building family violence systems data capability and expertise for better systems and outcomes.
2. Continued engagement with the Victorian Government to discuss system changes which will assist in data linkage and alignment.
3. Explore systemic barriers and enablers in establishing statewide consistency in demand management and resource allocation

Building a survivor centered, coordinated response system that achieves safe and just outcomes for clients is legacy work. Because of the nature and prevalence of family violence, data about specialist family violence service delivery and outcomes is complex and finding solutions to creating more robust system demand and capacity data will take time and dedicated resources. This is critical work for our sector and for the communities we serve. Safe and Equal will continue to partner with our colleagues in government and our membership to explore opportunities to build data consistency, connection, and access.

Project Background

Building on the findings of Phase One of the Measuring Family Violence Service Demand project, Phase Two of this project conducted an in-depth analysis of the indicators identified in the Demand Indicators Data Measurement Framework.

The following demand indicators were utilised to design and execute a robust qualitative data methodology with specialist family violence services.

- Support and access complexities
- Identifying and managing risk
- Meeting the needs of children and young people
- Family violence crisis accommodation
- Identifying unallocated clients

These demand indicators and the data points identified to measure against them were further analysed and interrogated in partnership with Family Safety Victoria.

This report provides a detailed outline of the insights gained and strategies identified through this process to develop a robust joined-up statewide data set on family violence demand and service capacity moving forward.

Project Methodology

The development of this project was informed by:

- The methodology and findings from Phase One of the Measuring Family Violence Service Demand project.
- A series of collaborative workshops with Safe and Equal and Family Safety Victoria.
- Data collection and consultation with Safe and Equal's core membership.

Phase Two of the project has drawn from key concepts and principles outlined in the Code of Practice for Specialist Family Violence Services for Victim Survivors which outlines the principles for best practice responses for victim survivors, The MARAM Practice Guides which provides the state-wide framework for how family violence risk is identified, assessed, and managed, the Family Violence Experts by Experience Framework which outlines the principles for working with survivor advocates, and the DHHS Client Voice Framework which outlines best practice in centering client voice and experience in the design, delivery and evaluation of human services.

Snapshot of Insights

The following data insights were gained through the consultation process delivered in Phase Two of the project, which included an online survey and a series of interviews with senior practitioners from specialist family violence services across Victoria.

A full consultation report can be found in Appendix A.

Specialist Family Violence Team Leader Survey:

This online survey focused on collecting data on service context and critical data points which gauge service capacity and current demand levels.

- Team Leader survey ran from 5 May 2022 to 15 June 2022.
- 27 Victorian specialist family violence services responded to the survey.
- The data sample included services across urban, regional, and rural Victoria.
- The data sample included state-wide services.

Service Types:

- Most services provided case management support 23 (82%) of the 27 services; and more than half (54%, n=15) provided intensive case management
- 32% (n=9) of services provide intake support
- 32% (n=9) of services provide brief intervention support
- 21% (n=6) of services provide residential support
- 18% (n=5) of services provide therapeutic support

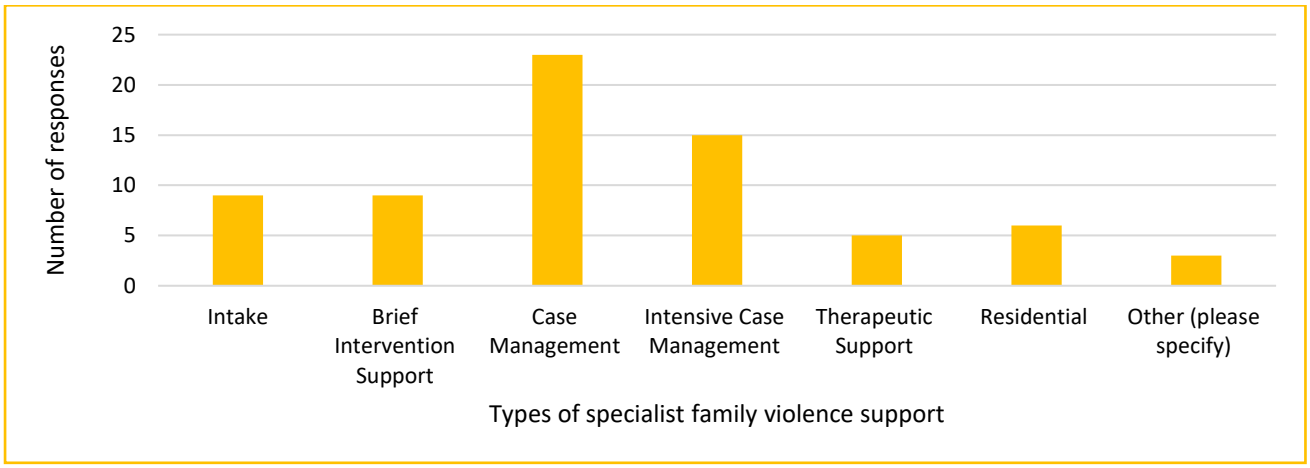

Figure One: Types of Specialist Family Violence Support Provided by Services (N=27)

Caseloads:

- There was variation of caseloads across services, but the **average range of caseloads was 8-14** for case managers across participating services.
- Analysis found that **high caseloads were present both across services who did and did not have an active waitlist/active hold.** This tells us that having a waitlist does not lead to lower caseloads.

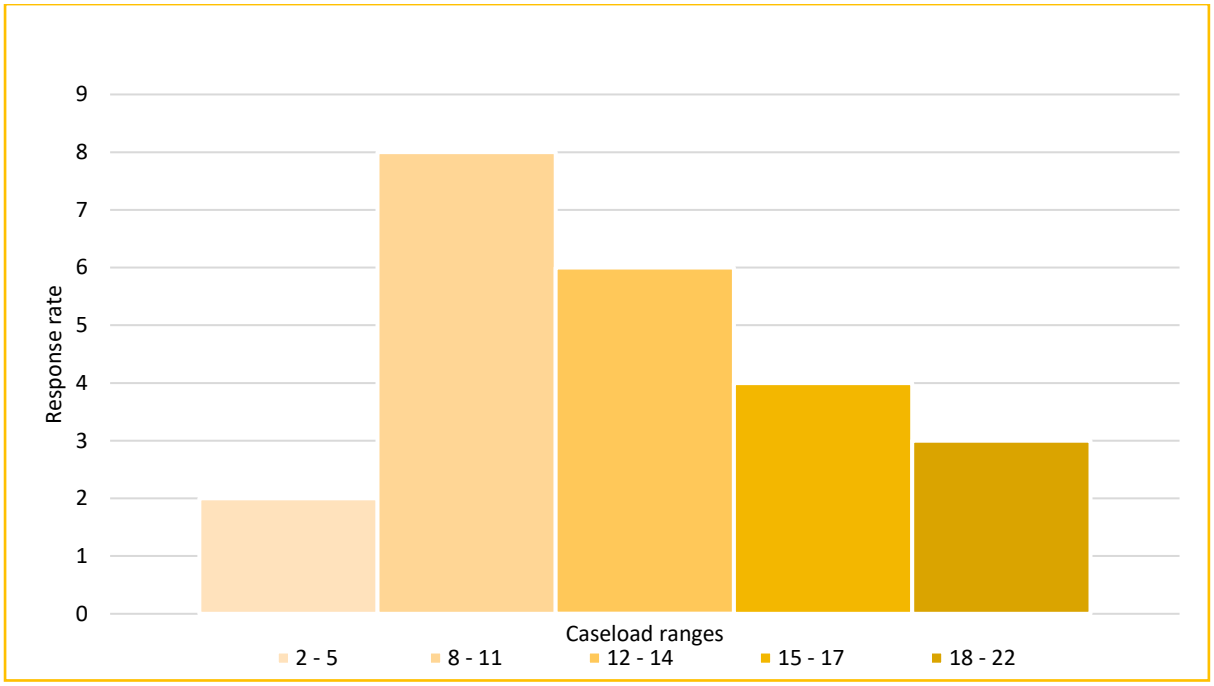

Figure Three: Average Caseload of Case Managers across Services (N=23)[1]

Length of Support Periods:

- The average length of support periods varied greatly across services. Family violence accommodation services tended to record longer case management support periods as clients continue to receive case management support throughout the duration of staying at their accommodation service.
- This **lengthened support period is overwhelmingly linked to a lack of long-term housing options across the state, which creates a blockage for victim survivors to safely exit family violence accommodation services.**
- Overall, nearly half of all the participating services (48%) provided case management for an average of 3 months or longer. However, this includes provision of case management within accommodation services.
- Nearly one third (32%) of participating services recorded an average case management support of 1-2 months.
- More than one quarter (28%) of participating services recorded an average case management support of 3-4 months
- One in five services (20%) recorded an average case management support of 6 months more.

Main Reasons for Closing a Support Period[2]:

- 92% of services recorded 'Clients needs have been met'.
- 62% of services recorded 'Risk has been appropriately mitigated'.
- 46% of services recorded 'Referred to a more appropriate service'.
- 46% of services recorded 'Client chooses to end engagement'.

[1] Two services reported 'unsure'.
[2] It should be noted that almost all services recorded multiple reasons.

- 42% of services recorded ‘Service loses contact with client’.
- 29% of services recorded ‘maximum support period has been reached’.

Family Violence Data Collection Systems:

- 81% of services use The Homelessness Data Collection Tool (otherwise known as SHIP)
- 22% of services use the Integrated Report and Information System (IRIS)
- 11% of services use the Client and Case Management System (SRS)
- 4% of services use the Strategic Asset Management Information System (SAMIS)
- 4% of services use the Computer Science Network (CSNET)
- 7% of services reported ‘other’

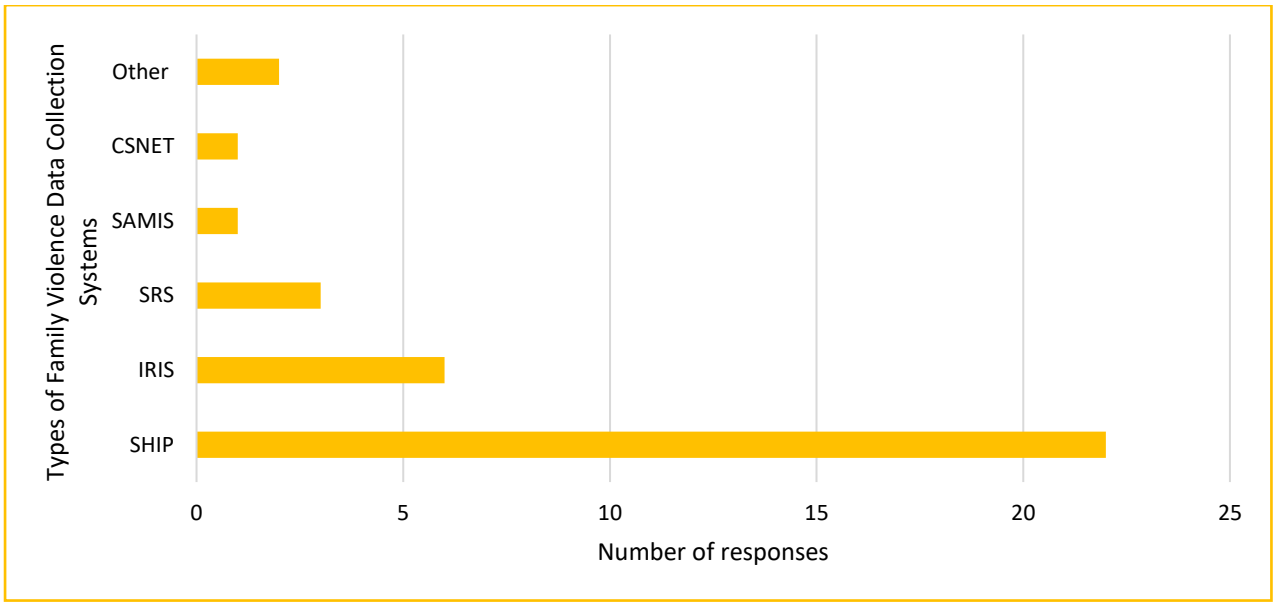

Figure Two: Family Violence Data Collection Systems used by Services (N=28)[3]

Staff Vacancies:

The numbers of funded FTE varied between 3 – 23 across the 27 participating services, with an average of 7.7 FTE funded per service.

- 58% of services recorded a staff vacancy.
- 26% of services recorded two staff vacancies.
- The common rate of staff vacancies recorded mainly ranged between 1 and 3.
- The average staff vacancy across services was 1.6 FTE (about 20% of the average funded FTE).

Direct Referrals:

Rates of direct referrals (referrals can occur between services or can be self-referrals initiated independently by victim survivors) were reported within the context of the ongoing roll out of The Orange Door network, still in progress across the state.

[3] Some services use multiple family violence data collection systems.

- 23% of services reported that they do not accept direct referrals[4].
- Of the remaining 77% of services that did report they accept direct referrals:
    - 14% of services reported 70-100% of their referrals were direct.
    - 10% of services reported 50-70% of their referrals were direct.
    - 10% of services reported 20-50% of their referrals were direct.
    - 45% of services reported 5-20% of their referrals were direct.
    - 5% of services reported that less than 5% of their referrals were direct.

Recording Client Outcomes and Collecting Client Feedback:

- 93% of services collect client feedback
- 54% of services collect data on client outcomes

Type of Client Feedback	Response Rate
Feedback forms	44%
End of support period surveys	24%
Other	12%
Complaints procedures	8%
All of the above	12%

Table One: Types of Client Feedback Services Collected (N=25)

[4] These respondents were family violence refuge accommodation providers who receive referrals via other intake points.

Strengthening Data Collection against the Indicators

Analysis of the indicators in consultation with specialist family violence services

Aims

The consultation with specialist family violence services in Victoria aimed to gain greater insight into specialist family violence service delivery and decision making across the state. This data collection focused on collecting data which would strengthen the evidence base in:

- The different approaches to family violence case management service delivery throughput across the state.
- The different data collection methods across specialist family violence services.
- Profiling services capacity and composition of specialist family violence services within Safe and Equal's membership.

Participation and data sources

Phase Two of the project designed and executed two data collection methodologies with the specialist family violence sector:

- Team Leader survey (27 participating services): 05.05.2022 – 15.06.22
- Team Leader interviews (15 participating services): 09.05.22 - 26.05.22

Participation in the project was voluntary for services and case management Team Leaders from Safe and Equal's membership, with services asked to nominate one Team leader to represent their service in the data collection.

- Data collected included services located in metro, regional, and remote areas.
- To complement the primary data, preliminary themes were explored further in consultations with various Safe and Equal convened Communities of Practice to gain further sector insight.

Summary of Key Findings

Thematic Area One: Support and access complexities

A consistent theme emerging from the consultations was **the intersecting and compounding nature of complexities involved in delivering case management support and service accessibility for clients**. The actions of perpetrators coupled with systemic barriers and a lack of adequate resourcing across other parts of the system were identified as key drivers for support complexity and this was seen to drive demand further as clients "churn through" the system never fully having their support and safety needs met.

- The Team Leader Survey found 79% of services identified that clients re-presenting and re-engaging with their service was common.
- The top patterns and trends amongst clients re-presenting to a service included: family violence risk escalation, perpetrator behaviour/lack of accountability, barriers to housing, and access and support complexities.

- Services articulated perpetrator behavior and accountability (or lack thereof) as being a driving factor that contributes to support complexity. Perpetrator behaviour was also listed as a common factor to victim survivors re-engaging with specialist family violence services.
- Services articulated a recurring, systemic pattern of 'fall back' - where the limitations and capacity of other areas of the community sector such as mental health and disability create complexity in the provision of case management support and access barriers for clients. This places further stress onto the family violence sector, as case managers grapple with managing family violence risk and the other intersecting case management support needs within a broader service system lacking adequate resourcing.
- The consultations revealed that inadequate funding for specialist family violence services coupled with rising demand for services and complexity in support and access needs, limits specialist family violence service capacity to immediate crisis responses and shortens periods of family violence case management support for clients.
- Practitioners reflected on how shortened case management periods were a point of stress as they limit case manager's ability to comprehensively meet the needs of victim survivors. This limitation truncates the long-term wrap around case management support required for victim survivor's safety and recovery to brief crisis intervention responses.

Thematic Area Two: Identifying and managing risk

Participating services reported that **rising demand levels coupled with limited staffing levels constricts eligibility for accessing family violence service to people experiencing the most significant risk of serious harm**, leaving clients holding less imminent risk without support.

- Services reported they are managing higher volume caseloads and increasingly higher levels of complexity and risk. This increase is leading to case managers having high-risk caseloads that they have to 'turnover' in a shorter time frame to then be able to receive the next high-risk client.
- Services reported that MARAM is an effective framework to capture a victim survivor's history of risk. However, some services outlined that using comprehensive risk assessments is an inefficient data collection tool for capturing dynamic risk changes throughout the course of case management service provision.
- Some services reported risk change being collected through case notes, which can render much of this data invisible.
- The Team Leader survey highlighted that 66% of services do not collect data on whether a client's risk has changed while waiting for a service. Of the 33% of services which did collect data on risk change, this data was collected in a variety of ways including additional data collection methodologies, through MARAM, or case notes.
- Services also reported there were communication barriers in the translation of family violence risk level between The Orange Door and local agencies. These barriers were reported in relation to how family violence risk is assessed and identified in The Orange Door through their tier system, which is sometimes inclusive of Child FIRST risk as well as family violence risk. It was reported that this approach does not always translate to local specialist family violence agencies where risk is assessed, managed, and interpreted solely through a family violence lens.

Thematic Area Three: Meeting the needs of children and young people

Participating services highlighted that while there is a **genuine commitment to viewing and supporting children as clients in their own right, this is not always possible within existing resourcing and infrastructure.** Further to this, services highlighted that the ability to fully record case management activities for all children is often not realistic within current administrative and data collection processes which are time consuming, duplicative and inefficient.

- The majority of participating services noted that supporting children is an area services required increased specialisation, capacity building, and resourcing in order to meet children's needs and record them in their own right.
- Services outlined the relationship between recording children separately and how this would increase caseloads, as one family could account for an entire caseload of a case management practitioner.
- The main recording practices around supporting children included recording children within the parent/carer's file, each child having their own case file but the activity is mainly recorded through the parent/carer's file, or the child has their own case file.
- Remote service delivery throughout the pandemic, managing multiple support and access complexities, and maintaining engagement were listed as areas that impact on service's ability to keep children and young people visible in family violence case management support periods.
- Services provided examples of effective integrated approaches in providing family violence case management to children and young people. However, these were reflective of individual services' local area relationships and initiative, rather than a state-wide whole of system approach where resourcing and capacity building is provided to services.

Thematic Area Four: Family violence crisis accommodation

The housing shortage is a broader systemic crisis that is impinging on the capacity of the specialist family violence sector to meet client needs and support their safety. Services report that **state-wide limitations in housing options for victim survivors escalates risk, inhibits their recovery, places pressure on resources, and causes blockages in the sector.**

- The top two patterns and trends amongst clients re-presenting to services was a lack of safe and affordable housing and the nature of abuse exhibited by the perpetrator. Whilst housing and perpetrator behaviour were listed as two distinct triggers in escalating risk, practitioners also noted the interrelated nature of both.
- It was noted by services that the inability to support victim survivors into longer term safe housing creates a barrier for victim survivors to regain safety and control in their lives and creates a bottle neck within services who are unable to exit clients from services even once family violence risk has been mitigated/addressed.
- Services highlighted how housing shortages and risk of homelessness act as a compounding disadvantage to priority communities.

Thematic Area Five: Identifying unallocated clients

Building on the findings of Phase One, Phase Two aimed to deepen our understanding of unallocated clients who are waiting to be allocated to a specialist family violence case manager.

The consultations found that approaches to "holding" or managing contact with clients before they receive direct case management is **often defined as either an *active waitlist* or *active hold* - and there is variation and inconsistency in what this means in practice across the service system.**

- 12 out of 25[5] participating services reported they currently had an active waitlist/active hold function within their specialist family violence service.
- The wait time to receive direct case management after being on an active waitlist/active hold ranged greatly from one week to 3 to 5 months.
- The Team Leader interviews further indicate the considerable variation across organisations in relation to the presence of active waitlists/active hold lists and also how they are managed. It was found that a big factor that impacts this management is the establishment of an Orange Door within their region, as service's intake functions get moved into The Orange Door.
- Allocation meetings between local agencies and The Orange Door are now a key mechanism where capacity is communicated. Some organisations reported these meetings occur weekly, whilst other organisations reported having ongoing communication with The Orange Door throughout the week.
- The activities undertaken by practitioners when managing an active waitlist/active hold varied greatly across organisations. However, a commonality across organisations is that the client's level of risk increased the service's level of involvement whilst they were on the active waitlist/active hold.
- It was found that information sharing around demand and capacity between The Orange Door and local agencies varied greatly. 46% respondents to the survey indicated they were co-located within an Orange Door. Some services reported communication between The Orange Door and their agency was ongoing throughout the week and could receive information promptly. However, some services reported that information sharing was sometimes fragmented, and since local agencies no longer have full access to the L17 reports, local agencies would have to chase up information from The Orange Door which creates a blockage as both systems grapple with managing demand under limited capacity.

A consultation report is included in Appendix A.

[5] Whilst 27 services participated in the survey, the rate of responses shift across some questions. Therefore, some survey responses will be out of a different whole number than the overall 27 participant records.

Strengthening existing data collection capability in partnership with Family Safety Victoria

Aim:

Safe and Equal and Family Safety Victoria engaged in five data capacity building workshops between April and July 2022 to strengthen collaboration and to gain a consistent understanding of how we collect meaningful, robust, and accurate demand data of the specialist family violence service sector.

Objectives:

- To gain a deepened understanding of demand measurement work each party is leading and avoid duplicative work.
- To identify and agree on actions to be taken to improve current data collection, including:
    - identifying potential opportunities for data linkage.
    - exploring strategies to address persistent data gaps.
    - developing consistent definitions of key terms.
- To establish ongoing and mutually beneficial data sharing agreements.

Summary of Safe and Equal and Family Safety Victoria Activities:

- Review and analysis to identify the strengths and weaknesses of the demand indicators identified and piloted in Phase One of the project.
- Identified key terms and definitions required to gain state-wide consistency.
- Assessed current data capability and opportunities to strengthen existing data collection systems specifically the Homelessness Data Collection Tool (otherwise known as SHIP), Client Relationship Management system (CRM), and Homelessness Data Collection (HDC).
- Identified persistent data gaps within existing data collection systems and collaborated on strategies to address these gaps.

Key outcomes from the workshops included:

The indicator review provided a roadmap to progress:

- Improvements in data capture against the demand indicators through enhancements or modifications to the Homelessness Data Collection Tool (otherwise known as SHIP), and data sharing between Family Safety Victoria and Safe and Equal.
- Addressing persistent gaps in demand indicator data by Safe and Equal piloting a data collection methodology with member organisations.
- Scoping the needs, approaches and resourcing required to uplift family violence data capability in the long term.

Incomplete and inconsistent data entry into SHIP was considered alongside the limitations of SHIP as a client record management system designed for homelessness services nationally. It was identified that capacity building is required to increase state-wide consistency in how SHIP data entry fields are interpreted and populated by practitioners.

- To assist in strengthening this consistency, Family Safety Victoria and Safe and Equal in the first instance developed a draft data dictionary to establish relevant key terms and

the guidelines, frameworks and/or policies that provide definitions for these. This can be found in Appendix B.

- The data dictionary aims to increase state-wide consistency for interpreting and entering key data fields. It was produced through a collation of key terms and definitions from The Homelessness Data Collection Tool (otherwise known as SHIP), the Client Relationship Management system (CRM), The Case Management Program Requirements (CMPR), and the findings gleaned from Phase One and Phase Two of the Measuring Family Violence Service Demand project.
- Further work is required to reach agreement across the sector and government about the common definitions that will be used moving forward, and the mechanisms and processes that will support socialising and implementing this. The current implementation of the Case Management Program Requirements (CMPR) has been identified as an opportunity to socialise the data dictionary.

Data sets available to Family Safety Victoria via the Homelessness Data Collection Tool (otherwise known as SHIP), Client Relationship Management system (CRM), Homelessness Data Collection (HDC) which measure components of the proposed indicators have been identified, and **data sharing agreements between Safe and Equal and Family Safety Victoria are now in progress.**

Through **scoping data linkage opportunities**, it was established that there is currently no visibility across family violence systems as current data systems do not have capability to track the full client journey from intake at The Orange Door through to intake and exit at a local family violence service provider.

- Family Safety Victoria shared information about current development of a referrals portal which will provide a quantum for the number of people who are being referred from The Orange Door to local agencies and the time it takes for local agencies to accept the referral. However, this will not provide information about case management activities and outcomes for these clients after their referral is accepted.

The workshops concluded with an in-principal agreement for Safe and Equal and Family Safety Victoria to conduct a preliminary investigation into how the current data collection systems could be linked and how data could be brought together in other ways.

Addressing critical data gaps with a bespoke data collection methodology with Safe and Equal member organisations

Building on the findings and discussions which emerged through the Phase Two data collection and the Family Safety Victoria workshops, Safe and Equal have identified a series of opportunities to address persistent demand data gaps.

Utilising existing structures and infrastructure, these opportunities will be integral in strengthening the data capability of the peak and the sector more broadly. Furthermore, these activities will create a valuable data resource for the sector that will build the profile of specialist family violence services, support connection and alignment, and provide a "whole picture" of sector capacity and composition.

The following data collection methodologies and reporting process are summarised below:

Piloting strengthened data collection process with Safe and Equal member organisations

- Integrated into the current membership administrative process, annual data collection will seek to better profile member service capacity and composition and bi-annual service level data collection will seek to capture information relevant to dynamic demand and capacity such as waitlists, numbers of clients and staffing levels (see Appendix D).

Annual Safe and Equal System Demand and Capacity Audit Report:

- The data collected through Safe and Equal's collection mechanisms will feed into annual systems demand and capacity audit reporting, which will aim to provide a state-wide picture of demand with our current data sharing and collection agreements.
- The report will be shared with our membership and Family Safety Victoria, provide the basis for the peak's annual Victorian state government budget submission and affiliated advocacy.

A summary of the pilot data collection surveys with Safe and Equal member organisations can be found in Appendix D.

Conclusion

Based on the project and consultation outcomes and findings, the following recommendations have been identified in order to address the following key areas:

- Build the data capability across specialist family violence services.
- Strengthen Safe and Equal's internal data collection mechanisms.
- Strengthen data sharing across key agencies.
- Develop greater data collection consistency through capacity building engagement with specialist family violence services.
- Better streamline data collection processes.
- Identify opportunities to link family violence case management data systems.

These findings were drawn from consultations with Safe and Equal's core membership, key representatives from Family Safety Victoria, family violence data expert Dr. Kristin Diemer, and key internal Safe and Equal staff.

Next steps:

The following activities will contribute to improving practice, improving data systems, and increasing family violence data capability.

- Safe and Equal has developed a bespoke data collection methodology in the form of a bi-annual survey which will be part of our membership renewals process. The survey will collect data on areas such as service capacity and composition, active waitlists/active hold, staff vacancies, and caseloads (see Appendix D).
- Safe and Equal to further develop and implement an interim data collection methodology to robustly capture waitlist data, and where possible create greater data connection between The Orange Door and local family violence services.
- Safe and Equal to work members and Family Safety Victoria to finalise and implement the 'Data Dictionary' in consultation with the sector to strengthen consistent case management data entry interpretation and use in family violence data collection systems (see Appendix B).
- Safe and Equal and Family Safety Victoria will continue to explore what can be done to strengthen, improve and align Victoria's family violence data collection systems.
- Safe and Equal will continue to collaborate with Family Safety Victoria to explore the implementation of a series of proposed enhancements and modifications to SHIP to better capture the proposed indicators.

Future recommendations and opportunities:

This project has identified a series of long-term practice and systems challenges that are currently impacting our ability to create a "whole of system" view of demand and capacity and will need to be addressed in order to meet the needs of victim survivors. While outside the scope of this project, the following recommendations articulate these challenges and identify potential next steps for consideration.

1. **Continue to invest in building family violence systems data capability and expertise to for better systems and outcomes.**

Policy makers and sector leaders require a holistic view of the family violence system that can account for demand and system capacity to meet demand, understand client journeys through the system from different entry points and contexts, identify and analyse systemic barriers and enablers, quantify required investment, and account for client outcomes at both the service level and the systemic level.

2. **Continue engagement with the Victorian government to explore future data linkage projects which will streamline the data capability family violence data systems.** This includes further research and consultation to understand the most appropriate data collection approach across the family violence system to improve data quality, consistency, connection, and access. This project has provided a valuable opportunity to partner with the Victorian government and the sector to identify ways in which family violence data capability can be improved by making changes within existing processes and infrastructure. While some important opportunities have been identified and agreed, a wholesale uplift in data quality, consistency, connection, responsiveness to future data requirements, and access will continue to be challenging and limited within existing processes and infrastructure. However, there is not currently a readily available solution that fully addresses the needs of this complex challenge – more work is required to explore this.

3. **Explore systemic barriers and enablers in establishing statewide consistency in demand management and resource allocation**
   The focus and scope of this project has been on collecting data that can provide a holistic view of system demand and capacity to meet that demand. One of the emerging challenges has been lack of alignment and disconnection between data sets alongside misaligned processes, policy and resourcing across different elements of the response system. Further alignment in practice and processes is required across specialist family violence services and between these services and The Orange Door Network. This includes:
   - A consistent methodology for managing demand, waitlists, client allocations and prioritisation and measuring and communicating service capacity.
   - Further exploration of processes and policies to support statewide consistency in allocation processes, decision making and consistent and comprehensive information sharing between The Orange Door Network and local specialist family violence agencies.
   - Guidance on recommended safe caseloads which take an intersectional approach to interpreting risk and support and access complexities.

Appendix A: Consultation Report

A key element of Phase Two was the design and execution of an in-depth consultation process from May 2022 – June 2022. The consultation process engaged with Safe and Equal core member services through a broad range of methods including Safe and Equal's Communities of Practice, a Team Leader Survey, individual Team Leader interviews, and consulting with the Specialist Family Violence Leadership Group.

The overall approach of this consultation was to seek specialist expertise to gain a deeper understanding on the following:

- Case management service delivery and decision making.
- How the demand indicators are currently being collected in existing data collection systems used by specialist family violence services.
- The current demand and capacity landscape of Safe and Equal's core membership.
- How outcomes data is currently being collected.
- The opportunities and approaches for Safe and Equal to establish a bespoke data collection methodology.

The consultation methodology

- An online survey targeted at Team Leaders of our core membership (27 responses): 05.05.2022 – 15.06.22
- Individual Team Leader interviews (15 participating services): 09.05.22 - 26.05.22
- Consultation at Communities of Practice (3 CoPs attended): 11.05.22 – 26.05.22
- Consultations with key Safe and Equal staff (6 participants): 09.05.22 - 26.05.22

Theme One: Support and access complexities

Drawing from the Case Management Program Requirements (2021), support and access complexities refer to the multiple and simultaneous systemic interventions and additional or concentrated resources that are required to meet victim survivors needs and to address the risk level posed by perpetrators. Using an intersectional feminist analysis, support and access complexity is not determined by the characteristics of individual victim survivors, but rather how the system interacts and responds to individual clients differently depending on their identity and the access or barriers to power and privilege their identity confers. The Code of Practice for Specialist Family Violence Services identifies intersectional feminist analysis as a "foundational framework that underpins specialist family violence practice, and defines this analysis as an examination of the ways in which multiple forms of power, privilege and oppression overlap, or intersect in people's lives in mutually reinforcing ways to produce power hierarchies, structural inequalities, and systemic marginalisation"[7].

Consistent with this analysis, consultation participants repeatedly emphasised that support and access complexities cannot be viewed in isolation or located with individual clients, as it is the intersecting and compounding nature of support complexity coupled with systemic limitations and discrimination which creates barriers victim survivors in their long-term journey to safety and healing.

“We've got our purpose and our case management service, which is around risk and safety and providing that support. What then intersects with our ability to do that are structural constraints, including housing, immigration status, mental health systems, disability services. All of those other systems that women interact with, are actually getting in the way of long-term sustainable safety."

- Team Leader Consultation Participant

Keeping the Perpetrator in View / Perpetrator Accountability:

Services highlighted the need for coordination and consistency in holding perpetrators accountable for their use of violence and also keeping them in view. Services identified perpetrator behavior and lack of accountability as key driving factors that contribute to support and access complexities. Perpetrator behaviour was also listed as a common factor to victim survivors re-presenting and re-engaging with specialist family violence services.

Services articulated that perpetrator behaviors such as attempting to locate, monitor and abuse victim survivor(s), collusion with parts of the system, and coercive control as drivers of victim survivor’s support and access complexities. It is these actions taken by perpetrators which lead to extensions in case management support periods with victim survivors. The consultations highlighted a recurring pattern of perpetrator’s receiving minimum accountability for their behaviour, which sees a continuation of abuse and victim survivors requiring more intensive support over longer periods of time.

“The common theme throughout all of these (referring to family violence cases) is the complexity of perpetrator behaviour, as well as just that ongoing relentlessness of the perpetrator trying to locate the woman, insisting on… access with the children and using that as a weapon against the mother as well.”

- Team Leader Consultation Participant

“What you see is that obsessive, jealous, coercive behaviour where they cannot let go. So, the women that we support the longest - that's the nature of the perpetrator in those cases. So, we often say it's not the woman that's the problem - it's the perpetrator. We're just continuing to support the woman through that process.”

- Team Leader Consultation Participant

System Limitations and Inadequacy:

The Victorian family violence system has been transformed by the unprecedented investment in reforms recommended by the 2016 Royal Commission into Family Violence. The expansion of pathways into family violence services and changes in practice and legislation continue to drive change, improve responses, and increase the numbers of people seeking support.

While there has been significant investment in the Victorian family violence system as a whole, commensurate reform in the funding model and overall uplift in funding for specialist family violence services has not occurred. There is a chronic shortage of skilled and qualified specialist family violence practitioners, which has been driven by inequitable pay rates, short

term contracts, and lack of investment in workforce development - all of which has been amplified by the Covid-19 pandemic.

The specialist family violence sector is under resourced and in crisis – stretched to meet building demand with a depleted, burn out and under resourced workforce. Two and a half years into the pandemic these services are working under immense pressure and strain, while also responding to major reform with the roll out of the Orange Door network and the MARAM still in flux. For a sector working at the face of a continual and building crisis, consistent achievement of safe and just outcomes for adults and children experiencing family violence and holding perpetrators to account continues to be a challenge that requires urgent attention.

Consultation participants repeatedly identified that the sector is now constrained to working with those victim survivors experiencing the most significant risk of serious harm as the sector aims to manage demand, that victim survivors across the community are unable to readily access the services they require, and those who are able to be allocated case management support from specialist family violence services are receiving that support for shortened support periods which focus on brief crisis intervention. Additionally, services are unable to exit them safely due to other system limitations (namely housing).

Evidence of the system's current limitations in meeting client need is the rates of clients re-presenting and re-engaging with services due to their needs not being fully met. The Team Leader Survey highlighted that 79% of services outlined that repeat clients are common in their service. The top patterns and trends amongst repeat clients recorded by services were risk change/escalation, perpetrator behaviour/lack of accountability, housing, and access and support complexities.

These system limitations are not isolated to the family violence sector as services identified demand levels are increasing across the community sector. Services outlined a recurring pattern of 'fall back', where the limitations and capacity of other areas of the community sector places further stress onto family violence case managers, as they grapple with managing family violence risk and the other intersecting systemic interventions required. The consultations further highlight the impacts demand is having on the community sector to provide an integrated approach, as the funding and service structures create siloes where roles and responsibilities of risk are not able to be viewed collectively.

"So, when you're looking at the housing sector, mental health sector, NDIS, and we are finding those services are understaffed as well, and don't have the resources. We're finding that meeting the needs of women with complex needs is falling onto the shoulders of family violence workers, instead of being shared out amongst the service system."

- Team Leader Consultation Participant

Structural Barriers and Compounding Disadvantage:

Experiences of structural inequality can also alter the way an individual or community experiences family violence, and in many instances contributes to increased risk and amplifies barriers to disclosure and service access.

Services highlight how clients often experience multiple and intersecting forms of disadvantage which work in a compounding manner to escalate risk and limit case manager's ability to safely exit victim survivors from the family violence sector. The consultations outlined how funding and resource constraints places focus on immediate crisis responses, targets, and concentrated shortened periods of family violence case management support.

"Most of our intensive case management cases are women who've got mental health issues or disability and chronic homelessness so that we tend to stay engaged with those women over a long, long time trying to support them to be stable."

- Team Leader Consultation Participant

"We have women with mental health issues, chronic homelessness, that's related, oftentimes, to the mental health issues. We've got sometimes addiction issues like substance abuse issues, whether it's medications or alcohol, and the biggest complication, I suppose, is perpetrator behaviour."

- Team Leader Consultation Participant

"Those systemic and structural changes will always continue to compound risk, and kind of act as barriers for women's ongoing safety."

- Team Leader Consultation Participant

Theme Two: Identifying and managing risk

Identifying and managing risk is an integral mechanism and role of the specialist family violence sector. The consultations highlighted the impact of demand on identifying and managing risk, as service accessibility is often limited to people experiencing the most significant risk of serious harm. Services reported that they are managing higher volume caseloads and increasingly higher levels of complexity and risk. Therefore, case managers are holding higher-risk caseloads that they are having to 'turnover' in a shorter time frame to then be able to allocate the next high-risk client.

One of the key principles of the MARAM framework is that professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm. However, when resourcing and capacity limitations are pushing services to prioritise only high-risk clients, the service system is limited to perpetual crisis intervention without the capacity to provide service to lower risk clients where early intervention can mitigate risk before clients are in crisis.

Services also reported there were communication barriers in the translation of family violence risk level between The Orange Door and local agencies. These barriers were reported in relation to how family violence risk is assessed and identified in The Orange Door through their tier system, which is sometimes inclusive of Child FIRST risk as well as family violence risk. It was reported that this approach does not always translate to local specialist family violence agencies where risk is assessed, managed, and interpreted solely through a family violence lens.

Furthermore, services reported that there was limited capacity and streamlined data processes to assist services to capture changes in risk for a client within their demand management processes in addition to providing direct service. The Team Leader survey highlighted that 66% of services do not collect data on whether a client's risk has changed while waiting for a service. Of the 33% of services which did collect data on risk change, this data was collected either manually, through MARAM, or through case notes.

Services reported that MARAM is an effective mechanism in capturing a victim survivors history of risk when case managers are undertaking the intake and assessment point. However, it was noted that administratively it an inefficient data collection process when attempting to capture more dynamic forms of risk. As a strategy to collect this data, some services reported developing their own data collection methodologies to collect these forms of risk in addition to completing MARAM risk assessments.

"Usually the wait, and it depends on the risk. So basically, if the client comes in, at high risk, she would be allocated within, you know, a couple of days. And if the client has, you know, elevated or at risk that the timeframe to be allocated would take longer."

- Team Leader Consultation Participant

"MARAM is really good for that intake and assessment point. But it's really difficult to navigate what that looks like for the ongoing case management within the MARAM because I think it's hard, because the risk assessment captures all the historic information as well. So it's really difficult to assess the current risk on them"

- Team Leader Consultation Participant

Theme Three: Meeting the needs of children and young people

Child-centered practice requires the recognition that infants, children, and young people are victim survivors in their own right, meaning that they are also clients of specialist family violence services, alongside adult-victim survivors[6]. Therefore, best practice outlines that children and young people require their own risk assessments, risk management plans and case plan goals.

Services outlined that historically the impact of children and young people's experiences were not fully recognised as the focus of family violence support, as it was steered towards the adult victim survivor. MARAM recognises the unique needs and experiences of children and young people who experience family violence and establishes them as victim survivors in their own right. Whilst the roll out of MARAM provides services with the tools to undertake this work, service's now face additional administrative burdens in recording children and young people as clients in their own right.

Juggling the administrative burdens of best practice in recording children and capacity:

Services overwhelmingly expressed a genuine commitment to embedding or maintaining best child-centred practice within their case management administration and case

[6] See the MARAM Framework Practice Guides (all responsibilities) for detailed guidance for responding to family violence risks against children and young people.

management practice. However, services expressed that current family violence systems do not streamline recording processes and that further work needed to be done to ensure case managers don't feel that they are "double dipping" in administration tasks

Some participating services articulated that adopting the practice of recording children as an individual client is seen with a level of reluctance from staff as they continue to face exceeding levels of demand and limited capacity. However, this resistance is not from a service perspective, as children are receiving direct family violence case management. However, from a data perspective, recording all children individually is hard to implement as it is onerous and often takes away time from providing service.

Majority of participating services in the consultations noted that supporting children was an area services required increased specialisation, capacity building, and resourcing in order to meet children's needs and record them in their own right. The main three recording practices around supporting children include recording children within the parent/carer's file, each child having their own case file but the activity is mainly recorded through the parent/carer's file, or the child has their own case file.

"It's not an easy task, with no staff resources with no actual organisational resources to technically invest in doing that. It's technically not possible. It's sometimes for us even because most of our current clients are CALD clients and require heavy interpreter access. Sometimes, it takes one of my staff three hours just to be able to go through the MARAM for the mother. And the mother having five children, you individually need to invest time to actually treat them as client within your own individual right."

- Team Leader Consultation Participant

"The pushback against working with children isn't so much about the need to record information and provide them with a service. That's not what the pushback is about. The pushback is about the extra administration time that it includes."

- Team Leader Consultation Participant

Visibility of Children and Young People

Services outlined that maintaining visibility and keeping children and young people in view is an ongoing challenge. The Code of Practice highlights that while direct engagement with infants, children, and young people is ideal for assessing and responding to their individual needs, the extent of this engagement can vary due to factors including the nature of their parents'/carers' voluntary engagement with the service, the child's age and stage of development, and the service context and setting (e.g. state wide telephone responses, local family violence support, family violence accommodation or therapeutic programs)[7].

These factors corresponded to the challenges services continue to face in terms of maintaining and increasing the visibility of children and young people when receiving family violence case management support. Challenges which emerged in the consultations was remote service delivery within the context of the pandemic, managing multiple support and access complexities, and maintaining engagement were listed as areas that impact on

[7] DV Vic, 2020, Code of Practice, Principles and Standards for Specialist Family Violence Services For Victim-Survivors 2nd Edition

service's ability to keep children and young people visible in family violence case management support periods.

"The children within our service, they are not as visible as we want them to be. Any support they receive, they receive directly through the support to the presenting unit, and this is the mother so wherever support, technically we don't treat them as their own individual client within their own right, they are always attached to the support provided to the mother."

- Team Leader Consultation Participant

"It's just the ongoing training to ensure that we are skilled enough or you know, forever upskilled to be working with children on a regular basis. Because the older model was just very much mum, mum, mum and children in the background, whereas it's a very much in an evolving space now, where children are a client, you know, we're starting to use the language children are a client in their own right, which they are. So I think, you know, our practice is more around that in trying to include them more."

- Team Leader Consultation Participant

"But I mean, COVID, definitely had, you know, some real implications for how we work directly with children, because as you would imagine, it's kind of hard to work directly with the child, either by phone or health direct, depending on the age of the child. So in terms of that assessment of children's kind of safety and wellbeing it's sort of relying on the perceptions of mothers."

- Team Leader Consultation Participant

A Whole of System Approach

MARAM outlines that professionals across a broad range of services, organisations, professions, and sectors have a shared responsibility for identifying, assessing, and managing family violence risk[8]. Given the prevalence of family violence, victim survivors may disclose experiences or come into contact with the specialist family violence sector through 'softer doors'. The diversity of entry points coupled with the involvement of organisations across the community sector, are contributing factors to the complexity of the family violence sector. The Royal Commission outlined that this complexity can be further exacerbated by the siloed nature of services that work with people affected by family violence. This siloed nature was articulated poignantly in the context of children and young people, with specialist family violence services outlining the need for a more integrated approach across the community sector in order to meet the needs of children and young people.

Services provided examples of effective integrated approaches in providing family violence case management to children and young people. However, these were reflective of services local relationships and initiative, rather than highlighting a state-wide whole of system approach where resourcing and capacity building is provided to services.

"Yeah, it's all that integrated approach and to be able to have different care teams from different providers so you exactly know who's doing what rather than one worker trying to do

[8] MARAM Practice Guides: Foundation Knowledge

everything and you know, with caseloads of 12 clients or whatever, it can be quite, you know, intense if you had to look at the whole family unit all the time and address everything."

- Team Leader Consultation Participant

"Children that might have special needs and the complexities of their own. That can be difficult to support. But I think it becomes difficult to support because of the other service systems that you need to navigate and collaborate with that have the expertise in supporting children on the spectrum, for example, in child protection, whatever it might be, I think the barriers in providing, I believe, high quality service provision, and particularly in terms of managing risk is systemic issues, and how well we work together."

- Team Leader Consultation Participant

Theme Four: Family violence crisis accommodation

"..for a lot of women, it's about housing."

- Team Leader Consultation Participant

The Royal Commission into Family Violence considers secure and affordable housing to be one of the main pillars of recovery. Phase Two reiterates the findings in the Royal Commission, as services report limited housing options for victim survivors which escalates risk, inhibits their recovery, places pressure on resources, and causes blockages in the sector. The housing shortages are a broader systemic crisis that is impinging on the capacity of the specialist family violence sector to meet client needs and keep them safe.

Limited housing options increasing likelihood of victim survivors returning to perpetrators and also re-engaging with specialist family violence services:

The Team Leader Survey recorded that 79% of services outlined that repeat clients are common in their service. Furthermore, one of the top patterns and trends amongst repeat clients was a lack of safe and affordable housing led to many clients returning to the perpetrator. It was reflected in interviews that these two factors are interrelated, as a lack of housing options inhibits victim survivors road to an independent healing journey as they continue to face uncertainty and risk of homelessness. This cycle of limited housing options leads to increased rates of victim survivors returning to perpetrators, which places victim survivors at greater risk.

In addition to victim survivors being placed in uncertain and possible crisis situations, the lack of long-term housing options can result in victim survivors re-engaging with specialist family violence services repeatedly as homelessness or unstable housing is a key driver for family violence. This cycle increases demand on services, leads to poor outcomes for victim survivors, and is ultimately costly for both victim survivors and the service system.

"And I find that even with housing, we often might see people, women returning back into a relationship because of the lack of options that there are available"

- Team Leader Consultation Participant

"It takes up a lot of case management time, as well as trying to find them housing and get them out of refuge and set them up. And often if, you know, if we have to breach them on

refuge, they end up in the homelessness agencies and then generally, they get no accommodation that might lead to them going back to the perpetrator or things like that, because there's just so limited options for them outside of that space."

- Team Leader Consultation Participant

Limited exit options creating blockage in the specialist family violence sector:

There are shortages across all family violence accommodation services including crisis accommodation, refuge, transitional, and longer-term accommodation. These shortages can be drawn from a range of factors including systemic problems such as a one-size-fits-all approach, limited availability of social housing, long waiting lists, discrimination, and lack of affordability in the private rental market**Error! Bookmark not defined.**. This creates a b lockage in the system, with victim survivors stuck in the refuge or transitional accommodation stage, with no safe exit options.

The housing shortage can be seen as a critical piece in addressing demand, as its impacts intersect across multiple thematic areas identified in Phase One and Phase Two. It was noted by services that the inability to move clients out of the family violence sector means even once the family violence risk is mitigated, the housing shortages keep victim survivors stuck in refuge or transitional housing placing further pressure on sector.

"But, you know, housing is the main barrier for women in general, who are displaced or having to flee family violence. And if they're not eligible for refuge, because it's not considered, you know, immediate risk and need of protection, then that's it, you know, and it's really difficult when language like "you can't go back there" - and then we're in a position of, "you might have to go back there to a house" - it's not safe, he's removed, but he's still active, or they can't find him. It gets, you know, that's sometimes the overriding factor in the work that we do…it's housing."

- Team Leader Consultation Participant

"I think we often have to have those conversations with housing and homelessness agencies as to where the client best fits, obviously, it's a horrible decision to have to make and we shouldn't have to. But obviously, there's only so much we can offer and only so much housing and homelessness services can offer as well. I think there's a big gap there. In terms of what is the medium to that, as well, that's probably an ongoing battle we have here."

- Team Leader Consultation Participant

"When they come into refuge, that's where they need to be. But generally, for the six months, they don't need to remain in that hiding accommodation, but it's just you're not going to make them homeless, either."

- Team Leader Consultation Participant

Limited housing creates a compounding disadvantage which places priority groups of victim survivors at greater risk:

Research undertaken by the Australian Institute of Health and Welfare (2021) highlight that Australians known to be at particular risk of homelessness include those who have experienced family violence, young people, children on care and protection orders, Indigenous Australians, people leaving health or social care arrangements, and Australians aged 55 or older[9]. This research aligns with what emerged in the consultations, as services highlighted how housing shortages and risk of homelessness act as a compounding disadvantage to priority communities.

Access to safe and affordable housing continues to be an integral missing piece for majority of victim survivors, with services grappling to provide support whilst also being the face of a system battling to compensate for continuing systemic failures.

"I think the fact that adults are struggling to manage the basic needs of having a roof over their head and purchasing food means that, you know, the therapeutic needs of children kind of get pushed to the back."

- Team Leader Consultation Participant

Theme Five: Identifying unallocated clients

Building on the findings of Phase One, Phase Two aimed to deepen our understanding of unallocated clients who are waiting to be allocated to a specialist family violence case manager.

There are four main holding points where clients may experience a blockage in having their needs met throughout the family violence system:

- Client may be waiting at The Orange Door to be referred to an Orange Door practitioner.
- Client may be waiting to be referred to a local specialist family violence agency by The Orange Door.
- Client may be waiting on an active waitlist / active hold list by a local specialist family violence agency before they are assigned a family violence case manager.
- Client may be waiting for long-term housing options in order to exit safely.

The Team leader Survey revealed that holding patterns of clients before they receive direct case management from Safe and Equal core members is often defined as either an active waitlist or an active hold. 12 out of 25 [10]services reported they currently had an active waitlist/active hold function within their specialist family violence service. The wait time to receive direct case management after being on an active waitlist/active hold ranged greatly from one week to 3 to 5 months**.**

It was found that participating targeted family violence support services reported considerably higher wait times. These increased wait times are reflective of the need for greater investment into targeted services, and also how victim survivors with access and

[9] Australian Institute of Health and Welfare, 2019, 'Australia's welfare 2021'.
[10] Whilst 27 services participated in the survey, the rate of responses shift across some questions. Therefore, some survey responses will be out of a different whole number than the overall 27 participant records.

support complexities can be placed at greater risk through limited access to desired services and programs.

However, across the board services reported that they are experiencing unprecedented levels of demand, and the cases they are seeing are increasing in complexity, requiring greater skill, dexterity, and time in order to meet client's needs. This demand increase can be partly drawn to the suite of reforms recommended by the Royal Commission which have bolstered the visibility and first contact responses of the family violence sector. These demand levels have placed considerable stress on local agencies, who have developed various demand management processes dependent on their organisational structure and capacity.

Inconsistent demand management across the sector

The Team Leader interviews indicated the considerable variation across organisations regarding the presence of active waitlists/active hold lists and how they are managed. The activities undertaken by practitioners when managing an active waitlist/active hold varied across organisations. These activities ranged from providing resources and a contact if risk elevated, weekly welfare checks, and responses as 'need presents'.

However, a commonality across organisations is that the client's level of risk impacted their level of involvement whilst they were on the active waitlist/active hold as they manage their capacity to respond as need presents. It was found that a big factor that impacts local agencies demand management is the establishment of an Orange Door within their region, as service's intake functions get moved into The Orange Door. Allocation meetings between local agencies and The Orange Door are now a key mechanism where capacity is communicated. It was found that there is no singular methodology for the sector to manage demand, which creates inconsistency of how waitlists are managed and how data is collected.

"We still have waiting lists that hit six weeks. During those six weeks, if any client on the waiting list actually need an interim support or inter crisis, as the service manager, I have to step in to be able to provide interim support, I have to respond to the interim crisis. As none of my team are able to pick up the client even to provide interim support."

- Team Leader Consultation Participant

"Whilst victim survivors are on hold, then there's contact as required to support victims survivors during that time. The wait lists during that time, the waiting period has varied it can be two weeks, it can be up to four to six weeks."

- Team Leader Consultation Participant

"They are aware that they can contact the service at any point in time if there was an incident or a need. And often we've supported people on active hold who have gone into crisis, whilst waiting for allocation."

- Team Leader Consultation Participant

Fragmented information sharing between The Orange Door and Local Agencies

It was found that information sharing around demand and capacity between The Orange Door and local agencies varied greatly. The Team Leader Survey reported 46% of services were co-located within an Orange Door. Some services reported communication between The Orange Door and their agency was ongoing throughout the week and could receive information promptly. However, some services reported that information sharing was sometimes fragmented, and since local agencies no longer have full access to the L17 reports, local agencies would have to chase up information from The Orange Door which creates a blockage as both systems grapple with managing demand under limited capacity.

"I think what the barrier is, is it kind of skews the narrative in a way. So we can say that we don't have a waitlist for our case management, but in no way is that indicative of actually the waitlist that's happening at the Orange Door."

- Team Leader Consultation Participant

"(Discussing The Orange Door) They will often tell me that information (waitlist information). So when they send me through a referral, it might be dated. It might be dated for when they did that referral. So it may have been sitting for a week or two. But they will actively hold that person."

- Team Leader Consultation Participant

Appendix B: Draft Data Dictionary

Category/Area	Term	Definition	Definition Source
Demand Management	Active engagement	Active engagement [DRAFT definition]: • After a client has completed the assessment and planning process, but there is no capacity to allocate to a longer-term service response then the client will be held in 'active engagement'. • When a client is in 'active engagement' the assessment and planning practitioner will keep the client on their case load until case closure. • The minimum requirement for engagement is weekly contact or more frequent as required. • If children/young people are in active engagement for longer than two weeks, then a case consultation must occur with a Practice Leader. • Post Child Protection Intake referrals waiting in Active Engagement to be referred to Family Services will be managed as per the State-wide interface agreement between Support and Safety Hubs, Child Protection and Integrated Family Services.	TOD CRM
	Active waitlist/Active hold list	Consultations conducted through this project found that the following definition is common throughout the sector. An active hold/active waitlist is where a client is recorded while waiting to be allocated for direct family violence case management, in order to provide interim support between intake and commencing case management with an assigned case manager. The level of interim support is mainly dependent	SaE Members

Demand Management		on the risk level and staff capacity, it could include regular welfare checks, providing resources, and providing contacts to correspond with if risk escalates.	
	Assignment and waitlist management	DRAFT definition: •All Team Leaders are responsible for managing and monitoring the cases waiting assignment in the waitlist or 'Team Leader queue'. •Every day, Team Leaders should be routing unassigned cases from the waitlist/Team Leader queue to their own Team for assignment to practitioners within their team. •Where these cases can't be assigned by close of business then they must be routed back to the waitlist/Team Leader Queue, except where the case is part of a family group and one family member has already been assigned in their team.	TOD CRM
	Case Management Allocation	The process of allocating a core service response to a client (an individual or a family) to meet their assessed risk and needs. Core service responses are delivered by organisations in the area that provide specialist family violence services, integrated family services and perpetrator services and include those that are partners in The Orange Door under the Partnership Agreement.	TOD CRM
Demand Management	Assessment / in progress (see below)		TOD CRM
	Child safety, wellbeing, and needs assessment	The process of identifying risks to a child's safety, wellbeing and development in line with the Best Interest Case Practice Model (BICPM).	TOD CRM

Demand Management	Family violence risk assessment and management	The identification, assessment and management of family violence risk to the victim survivor(s) and other family members posed by the perpetrator(s). Family violence risk assessments combine core elements such as: • the victim survivor's own assessment of their level of risk, safety and fear, • assessment against evidence-based risk factors, • information sharing with relevant agencies and • professional judgement of seriousness of risk. As part of Multi-Agency Risk Assessment and Management Framework (MARAM), Family Safety Victoria (FSV) has developed a suite of tools to assist relevant workforces to undertake family violence risk assessments appropriate to their service type. The Tools for Risk Assessment and Management (TRAM) is an online platform that hosts this suite of MARAM tools and can be accessed by The Orange Door through the CRM. Tools available to CRM users are currently the Adult Comprehensive Risk Assessment and the Child Comprehensive Risk Assessment. The CRM also includes a Safety Plan template that is aligned to MARAM.	TOD CRM
	Other assessment	Any other assessment undertaken by practitioners in The Orange Door including wellbeing and needs assessments for adults or for other referral pathways.	TOD CRM
	MARAM Tools in SHIP/SRS	The SHIP and SRS systems include a suite of family violence risk assessment and management tools aligned to MARAM. These are	SHIP

Demand Management		consistent with the tools available to The Orange Door practitioners via TRAM. At present, these tools include: • Adult Risk Assessment (incl. the MARAM screening/ID tool, brief risk assessment, intermediate risk assessment and comprehensive risk assessment) • Child Risk Assessment • Safety Plan (incl. the MARAM basic, intermediate and comprehensive safety plans). The MARAM risk assessment tools also include a structured family violence needs assessment aligned to MARAM.	
	Unmet demand for family violence accommodation service	No agreed definition	TOD CRM
Client need	Needs met / not met	Client's immediate needs met/case management goals achieved • The client no longer requires support because their immediate needs have been met and/or case management goals have been achieved. • Unmet need is recorded when a Specialist Homelessness Services (SHS) client has some, but not all, their identified needs for services met. Agencies can also refer clients to another service for assistance.	SHIP
	Identified need	This refers to any services or assistance the agency worker assesses the client as needing, whether or not the client accepts or agrees to participate in this support service. Even when a service cannot be provided or referred, the client's	SHIP

		needs are recorded because it helps to identify unmet needs.	
Engagement	Client declined/disengaged	Client declines offer of any service from The Orange Door, OR Client initially engages and then advises they no longer want support, OR Client initially engages, moves out of area and does not agree to be transferred to new intake service in new catchment area, OR Client initially engages and then is no longer able to be contacted (after required contact attempts)	TOD CRM
	Unable to contact	Service was available and all practical attempts were made to contact the client. Client unable to be contacted after required contact attempts. The L17 referral for the client was incomplete and did not include contact details. Practitioner was unable to complete referral.	TOD CRM
	Lost contact	No agreed definition	
Access and Support Complexities	Client access and support complexity	Support and access complexities does not just refer to the characteristics of individual victim survivors but brings a holistic understanding to how we measure and conceptualise barriers and the unique needs victim survivors may experience when navigating the family violence sector. Support and access complexities refer to the multiple and simultaneous systemic interventions and additional or concentrated resources that are required to meet victim survivors needs and to address the risk level posed by perpetrators.	CMPR

SHIP 'Unassisted persons'	Person did not accept service	An Unassisted Person is any person who seeks services from a SHS agency and does not receive any service at the time of request. There are several reasons why a person may not receive a service from an agency, including but not limited to: • the service requested by the person is not provided by the agency • the service requested by the person is not currently available at the agency due to high demand • the person is ineligible for service because they do not fit the criteria for assistance (for example, a father and son who seek emergency accommodation at a women's refuge). A client cannot be an Unassisted Person if they received at least one direct service from an agency. If a person has received at least one service, even if it is not the service they requested, they are a client. Children who seek specialist homelessness services and are not assisted by an agency for the same or similar reasons to those listed above should be recorded as an Unassisted Person. Children are not considered to be unassisted persons when they do not require a specialist homelessness service even if they present to your agency with a parent or guardian who does require a specialist homelessness service. The information required by the SHS Collection (SHSC) is limited as it is not always appropriate for an agency to collect the same detailed information as they would if the person was to become a client.	SHIP
	Person wanted different services		SHIP
	Agency was in the wrong area		SHIP
	Agency had no accommodation available		SHIP
	Agency had no other services available		SHIP
	Agency had insufficient staff		SHIP
	Agency was inappropriate. Wrong target group		SHIP
	Agency's facilities were not appropriate for a person with special needs		SHIP
	Person was refused service/person did not meet criteria		SHIP
	No fee-free services, available at the time of request		SHIP

	Other		SHIP
CRM 'case closure reasons'	Client declined/disengaged with service	•Client declines offer of any service from The Orange Door, OR •Client initially engages and then advises they no longer want support, OR •Client initially engages, moves out of area and does not agree to be transferred to new intake service in new catchment area, OR •Client initially engages and then is no longer able to be contacted (after required contact attempts)	TOD CRM
	Unable to contact	Service was available and all practical attempts were made to contact the client. Client unable to be contacted after required contact attempts. The L17 referral for the client was incomplete and did not include contact details. Practitioner was unable to complete referral.	TOD CRM
	Needs met by TOD	Client has received a service delivered directly by The Orange Door (a targeted or brief intervention e.g. brokerage). Client may or may not already be engaged with support services. The Orange Door did not actively connect client with the service system during the period of this case.	TOD CRM
	Client deceased	A client has died (after the case was created).	TOD CRM
	Transferred to another area	Client engaged and was supported to access services in the correct catchment area. Client moves to another area, interstate or overseas (after the case	TOD CRM

		was created) and is supported to access appropriate service in new area (where possible).	
CRM 'case closure reasons'	Contact deemed unsafe/inappropriate	Contact not attempted due to safety/risk issues. Contacting the client would increase risk or contact from The Orange Door is not appropriate at this time. Where police have not spoken to the respondent or AFM (incomplete referral), it is considered unsafe or inappropriate to contact	TOD CRM
	Case opened in error	Case does not reflect an incidence of service provision to a client. A duplicate case has been opened, or a case has been opened in error for any other reason.	TOD CRM
	Service no longer required	Client or Orange Door practitioner identifies that services from The Orange Door are no longer required (need identified in referral no longer exists, or has been met). Where ongoing needs will be met by external service and client is already engaged in services, no further service is required from TOD (redirect of referral not counted as service delivery)	TOD CRM

Appendix C: Pilot Safe and Equal Member Services Capacity and Demand Survey

	Field/question	Format/notes	Member		Survey	
			Ass.	Full	A	B
The questions below focus on profiling and will be collected annually through membership renewal						
	What data collection system do you use within your family violence service? -SHIP - IRIS - SRS -SAMS - CSNET - Other (please specify)	Drop down [can select multiple]				
	Does your service accept direct (or self) referrals from people experiencing family violence?	Yes / no [conditional response]				
	[If yes to 9] Approximately what portion of your family violence referrals are direct referrals? [drop down of percentages]					
	How does your family violence service currently collect client feedback? • End of support period survey • Complaints procedures • Feedback forms Other (please specify)	Multiple select Free text box with other				
The questions below will be asked bi-annually						
1	Does your service have a waitlist? *Waitlist: A list of clients that have been referred to your service who are awaiting allocation to an assigned case manager.* *Active hold / active wait list: An active hold/active waitlist is where a client is recorded while waiting to be allocated for direct family violence case management, in order to provide interim support between intake and commencing case management with an assigned case manager. The level of interim support is mainly*	Yes/No				

	dependent on the risk level, and could include regular welfare checks, providing resources, and providing contacts to correspond with if risk escalates.					
2	If yes, how do you engage with clients waiting for case management allocation? For example, weekly call/check in, or provide contact details to client and they get in contact if risk escalates)	Open				
3	If yes, could you provide us with an average wait time over the past 30 days in your family violence case management service?	Open				
4	If yes, please provide any comments on wait list times, including what influences the length of time someone must wait to receive direct family violence case management.	Open				
5	If no, what happens with clients when your service is at capacity?	Open				
6	How do you prioritise someone into case management? Do you have a demand management framework?	Open				
7	**The next three questions are aimed at identifying the average length of time clients receive case management support from different specialist family violence service types (there may be multiple questions that are applicable to you.).** Over the last six months, what is the average length of time your service provides case management support to clients who are not in family violence accommodation?	1-3 days / 4-7 days / 8-14 days / 15-21 days / 22-27 days / 1-2 months / other (please specify) / N/A				
8	If you're providing local family violence support along with family violence accommodation to victim survivors, over the last six months, what has been the average length of time clients	1-3 days / 4-7 days / 8-14 days / 15-21 days / 22-27 days / 1-2 months / other (please specify) / N/A				

	have received case management support in your service?					
9	If you're a crisis response service, over the last six months, what has been the average length of time clients have received case management support in your service?	1-3 days / 4-7 days / 8-14 days / 15-21 days / 22-27 days / 1-2 months / other (please specify) / N/A				
10	In the last 30 days, what was the average caseload of someone in your family violence case management team?	1-2 / 3-5 / 6-8 / 9-11/12-15/16-18/19-21 Other (please specify)				
11	How many case management FTE positions are you funded for?	0 – 20 (scale) Other (please specify)				
12	Could you provide an outline of the experience levels of staff who provide case management support in your team? (for example, two are entry, four are middle, and one is senior). *Please use this key as a guide:* *Entry - 0-2 years' experience* *Middle - 3 - 5 years' experience* *Senior: 6+ years' experience*	Entry ____ Middle ____ Senior _____				
12	In the last 30 days, could you tell us how many referrals your service has made to the housing sector?	0 – 10 (scale) Other (please specify)				
13	What were the main reasons referrals into the housing occur? eg. client preference, client risk level, or lack of family violence accommodation options.	Open				

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