

DOMESTIC
VIOLENCE
VICTORIA

DV Vic Budget Submission

January 2021

Domestic Violence Victoria

January 2021

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Executive Summary

The investment in ground-breaking family violence reforms resulting from the implementation of the Royal Commission into Family Violence, is forever changing the family violence system to achieve the vision of the Royal Commission.

For specialist family violence services (SFVSs), the impact of these system reforms is profound. Earlier and more streamlined triaging of clients to the services that best suits their needs through the Orange Door is taking effect but the substantial flow on effect of more streamlined entry points into specialist SFVSs so that victim-survivors can take the necessary steps to begin to support their recovery from the trauma of experiencing family violence requires urgent attention.

The commitment to a coordinated, multi-agency and multi-sector response to family violence in Victoria remains strong. Recognition of the critical role of specialist family violence services (SFVSs) play as a key element of this multi-faceted system is also strong. The role of SFVSs is vital for victim survivors who need and seek support to address and recover from the trauma of their experience of violence. However, to achieve the long-term vision of the Royal Commission, we must ensure that all elements of the service system are funded adequately into the future. There is still more to be done to 'lift the whole of the system', commensurately and sustainably.

This submission looks at the **need, the impact and the solution** for SFVSs regarding access to adequate and sustainable resources within the broader family violence service system.

The **need** for additional and sustainable resources for the SFVSs is being driven by:

- the increasing demand on services due to a welcomed range of effort to increase awareness and encourage reporting;
- the increasing complexity of cases due to the impact of COVID and other disasters; and
- the growing need to provide secondary consultations to universal services (health and education) which are all being trained to identify and refer victim survivors into the family violence service system.

The impact of these factors on the SFVSs has reached **a critical point**. Services have faced **long standing deficits in core funding**. Additional resourcing for new initiatives and some increases to meet demand is welcome, but to date, it has been insufficient to meet the gap between core funding and demands on the services, and to address service sustainability.

The **COVID-19 pandemic has significantly impacted** SFVSs. In addition to the increased demand for services, complexity of client need, and the well-being of specialist practitioners, there is the increased costs of providing services remotely. Additional funding to meet the demand arising during the pandemic has been welcomed by SFVS. However, in many cases services report that this funding was quickly absorbed in managing existing unmet demand and growing waiting lists for specialist case management services in SFVS and in increased information and communication technology costs. Services are concerned that when this time-limited funding ends the complexity of issues facing victim-survivors as a result of COVID-19 will continue, particularly as we proceed through the next phase of social and economic recovery.

Accessing **current and reliable data** that can be used to inform and shape strategic investment and design of SFVS is currently cumbersome and time consuming. More work is required to build the

capacity in the SFVS to collect relevant data which contributes to a 'whole story' picture for the family violence service system. The data is needed to complement and be consistent with the Orange Door data collection systems, police L 17 data, as well as other elements of the family violence service system such as perpetrator services and legal services. Funding is requested for DV Vic to develop a model for data collection for the SFVSs, as well as the infrastructure for, and capacity of, the SFVSs to collect it.

At current resourcing levels, SFVSs face an ongoing tension and challenges between meeting the demands for service, staffing costs and operational (non-salary) costs - balancing the needs of victim-survivors, the occupational health and safety of staff and the financial viability of their organisations.

There is an **urgent need** to provide:

- A **retention of the 2020 COVID-19 funding** to the base funding for SFVS.
- A second tranche of **COVID-19 boost funding** for SFVS to deal with the backlog of cases resulting from COVID-19. This is likely to require additional case management staffing for a 2-year period, particularly as we enter this next period of social and economic recovery.
- An ongoing **healthy worker fund (HWF) for each SFVS** to respond to the high levels of fatigue, burn out and stress experienced by specialist family violence staff.
- Funding of \$200,000 for a specific **SFVS Forecasting Family Violence Demand Project** to be undertaken by DV Vic. The 12-month Project will bring together a range of data sources to create a 'whole story' picture of demand on the family violence system.
- **Reassurance of ongoing funding for core services** such as those facing cliff funding, and **further funding of lapsing programs** to support initiatives such as the MARAM Phase 2 roll out.

In the short-medium term, there is a need to develop:

- A **long-term resourcing model** that provides flexibility, allows for the employment of sufficient staff to provide a realistic response to demand for services, accommodates organisational infrastructure needs, and allows for fair and equitable remuneration of staff. The **quantum of resourcing** of such a model is critical to ensure that SFVS are not expected to 'do more with less'. It is expected that the outcomes from the **SFVS Forecasting Family Violence Demand Project** will assist in determining the estimated increase required to the core funding of SFVSs across staffing increases and operational (non-salary) costs.
- A **family violence recovery strategy** that enables the family violence service system to provide a '**whole of response**' for victim-survivors of family violence. One that responds to the level of risk, the complex needs, and the range of ongoing interventions that will support victim-survivors to recover and thrive.

Specialist Family Violence Services (SFVSs) seek to establish sustainable services which enable them to proactively respond to ever-rising demand, increasing complexity and ongoing system reform. A sustainable resource base for SFVSs will support fair and equitable remuneration for its a highly specialised workforce within a safe and supportive work environment. It will foster innovative, evidence-based and reflective practice which offers timely, nuanced and tailored responses to victim-survivors¹ impacted by family violence, and which are most likely to support long term positive outcomes and recovery from the trauma of their experiences.

The SFVSs sector insights provided in this submission come from service data and consultation with sector representatives.

1. Context

Far reaching and widespread, the investment in ground-breaking family violence reforms resulting from the implementation of the Royal Commission into Family Violence, is forever changing the family violence system – as is expected and warranted, to achieve the vision of the Royal Commission.

At the end of 2020, some four years since the initial investment, the impact of the system reforms are being felt.

The commitment to a coordinated, multi-agency and multi-sector response to family violence in Victoria remains strong. Recognition of the critical role of SFVSs as a key element of this multi-faceted system is also strong. However, to achieve the long-term vision of the Royal Commission, we must ensure that all elements of the service system are funded adequately and sustainably. This includes perpetrator interventions, services for children and young people, and community legal centres, along with the specialist family violence services which is the focus of this submission. Victim-survivors and perpetrators must encounter the right response, tailored to their individual needs by a service system that is joined up, has a shared understanding of family violence, risk and the longer term supports required for victim-survivors to recover and thrive.

The ‘no wrong door’ approach to service access provides many more options for victim-survivors of family violence to seek out support. The introduction of the Family Violence Multi-Agency Risk assessment and Management Framework and accompanying Information Sharing Schemes (MARAMIS) and subsequent training of professionals from many fields is significantly increasing the ability of professionals to recognise family violence, to understand the risk of family violence and to appropriately respond by referring victim-survivors into SFVS. New community campaigns and a broad range of primary prevention activities underway across many settings and locations are increasing public awareness about family violence and the options available for seeking support including those provided by SFVS. The roll out of Support and Safety Hubs (SSH) – known as the Orange Door network – is providing triaging into the family violence service system. Police are better

¹ Consistent with Victorian government policy and the DV Vic Code of Practice, the term victim-survivor refers to both adults and children who experience family violence and acknowledges that the vast majority of victim-survivors are women and children.

trained to respond to incidents of family violence and to link victim-survivors more quickly to SFVSs. Furthermore, police have established specialist family violence investigative units to respond to cases of greatest risk. Family violence incidents recorded by police continue to rise steadily each and every year. In the last five years there has been an average annual growth rate of 3 per cent in family violence incidents recorded by Victoria Police over the five-year period 2015-16 to 2019-20².

We are seeing a vast widening of ways in which victim-survivors reach out for support, and for many, referred into SFVSs. This increase in seeking support and accessing services is not unexpected. It is a demonstration that many of the reforms are having the desired impact – that many more family violence incidents no longer remain hidden or go unreported.

For SFVSs, the impact of these system reforms is profound. Recent reforms and investment in the Orange Door have changed the face of the entry points into the family violence system. It has ‘raised the bar’ in terms of what the community can expect of the crisis response to family violence, and when all 17 Orange Doors are in place, this will have a significant impact on the service system more broadly. Earlier and more streamlined triaging of clients to the services that best suits their needs is taking effect. There is still more to be done however to ‘lift the whole of the system’, commensurately and sustainably.

The substantial flow on effect of more streamlined entry points into SFVSs so that victim-survivors can take the necessary steps to begin to support their recovery from the trauma of experiencing family violence requires urgent attention. Adequate and sustainable funding increase is required to meet ever-rising demand for services, to increase workforce capacity and to build sustainable organisational infrastructure.

2. The Need

There is a growing and urgent need for increased and sustainable funding for SFVSs.

SFVSs are reporting a surge in referrals for their specialist case management services which they do not have capacity to respond to in a timely and appropriate way. Victim-survivors are facing increasing wait times to be allocated to a specialist case manager in SFVSs and thereby being linked with the supports they need. This places them at risk of further violence, homelessness, and poorer health and well-being. There is concern that victim-survivors may exit the system without receiving the support they require and having to re-enter the system in the future as a result of ongoing or escalating family violence, risk and need.

At the same time, SFVSs grapple with historical underfunding, the uncertainty of lapsing and cliff funding, an outdated unit costing model that falls way short of staffing and organisational infrastructure requirements, and an over-burdened, fatigued, and under-resourced workforce.

² Victoria Police Tables 2019-20, <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>

This places considerable strain on SFVSs to maintain and strengthen its role as the backbone of the coordinated, systemic response to family violence in Victoria. It puts at risk the very sustainability of SFVSs.

Drivers

Key factors driving the need for **increased and sustainable resourcing of SFVS** including:

- **Ever-rising demand for services** resulting from reform investment, such as widening referral pathways and embedding comprehensive risk identification and management, many of which have a flow on effect into SFVSs.
- **Impact of COVID-19 and disasters** such as bushfires in increased first time reports of family violence, greater complexity of victim-survivor needs, the impact on the well-being and self-care of specialist family violence practitioners and the infrastructure required to deliver services remotely.
- A **resourcing model** that is out of step with both complexity and demand for services, and the organisational infrastructure requirements of contemporary community service organisations.

2.1 Ever-rising demand for services

There is no abatement in the ever-rising demand for SFVSs. System reforms, and the no wrong door approach are creating new channels of entry into SFVSs, and increased demand for services. They are also contributing to the creation of flexible and inclusive services offering victim-survivors choice, control and autonomy.

New referral pathways include:

- The Orange Door network being progressively rolled out across the state provide triaging of family violence cases and linkages for clients into a broader range of family and children's services. For example, in 2019-20 there were 30,544 family violence referrals (L17s) to the Orange Door network, noting that L17 referrals comprise around 60 percent of all referrals to the Orange Door. This creates a surge in flow on effect of referrals of victim-survivors into SFVS for ongoing specialist case management support.
- The skilling up of professionals to recognise family violence, and the risk of family violence and to respond appropriately is resulting in increased referrals via health, community and education professionals.
- An intersectional approach to family violence is increasing awareness about the impact of family violence for lesbian, gay, bi-sexual, trans-sexual and intersex people, and for older and younger people. Many SFVSs are working to ensure their services can more appropriately respond to a broader cohort of victim-survivors and as a result are seeing increases in requests for support.

Further demand on SFVSs is anticipated in response to the implementation of the next wave of reform including:

- The roll out of all 17 Orange Door sites. SFVSs working with Orange Door report a significant flow on of allocations for victim-survivors requiring specialist case management services.

For example, in the fourth quarter of 2019-20, there were a total of 20,319 L17 referrals to the Orange Door Network – noting that only 5 Orange Door sites were fully operational at this time. 42 per cent, (8,437 individuals - adults and children), of these referrals were triaged as high risk. It is highly likely that a significant proportion of these referrals – victim-survivors at high risk of experiencing family violence - were referred to specialist family violence case management services (L17 referrals also include referrals for perpetrators of family violence). At current resourcing levels SFVS are unable to meet this demand. As more Orange Door sites are implemented the rate of referrals into SFVSs is expected to continue to escalate.

- Funding for the operation of the Central Information Point to provide information to family safety practitioners in the SSH is also likely to have flow on effects for SFVSs.
- MARAM Phase 2 Prescribed Workforce commencing in 2021 which will authorise health and education workforces to share information to facilitate family violence risk and assessment. This is likely to create a significant increase in secondary consultations provided by SFVSs.
- The implementation of mental health system reforms is likely to have a flow on effect for SFVSs as there will be an increased expectation for greater collaborative practice in supporting the complex needs victim-survivors with mental health issues.

At the same time, **referrals through existing channels are also increasing:**

- The number of family incidents recorded by Victoria Police increased by 6.7% from 82,651 in 2018-19 to 88,214 in 2019-20. This represents an increase of 5% in the rate of incidents per 100,000 population³. See Figure 1 below.

Figure 1: Recorded family violence incidents in Victoria



- SFVSs, in particular those who receive L17 reports from police, report a vast increase in L17 referrals from police, likely in response to changed and improved in police practice in responding to family violence.

³ Victoria Police Tables 2019-20, <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>

For example, a metropolitan SFVS calculated a 16 per cent increase in L17 referrals between 2018-19 and 2019-20. Another metropolitan SFVS has calculated an average annual growth rate of 8 per cent of L17 referrals between 2016-17 and 2019-20.

- SFVSs report a widening gap between L17 reports received and numbers of people receiving a **timely and adequate** service.
- Some SFVSs report an increase in referrals from police where they are colocated and operate within Multidisciplinary Centres (MDCs).
- Some SFVSs report significant increases in afterhours referrals.

For example, a rural SFVS has recorded increases of 76.5 per cent and 110 per cent in its adult women and children after hours clients, respectively, between 2018-19 and 2019-20.

- Some SFVSs report increased referrals of larger families - those with 4+ children.
- SFVSs are reporting an increase in the numbers of adolescents as victims and perpetrators of family violence.

Family violence incidents recorded by police involving a child witness have increased by approximately 10% per annum over the last two years.

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- In some instances, direct referrals are also increasing. This includes referrals directly from victim-survivors impacted by family violence, as well as referrals from their family and friends, likely due to increased community awareness about family violence and the supports available. It also includes the many victim-survivors who do not contact police for a variety of reasons.
- SFVSs also report increased numbers of requests for secondary consultation from a range of other professionals.

For example, a rural SFVS has experienced increases in referrals from Safe Steps and other family violence and specialist homeless services agencies. These are as follows:

Period	Referrals increase from Safe Steps	Referrals increase from other family violence and specialist homeless services
2018-19	39.7%	5.8%
2019-20	31.0%	5.4%
During COVID-19	54.6%	18.7%

“We are dreading the surge of calls for support that we know will come over the Christmas and New Year period.” CEO, SFVS, Metropolitan

⁴ ‘Victoria Police Tables 2019-20’ <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>

The systemic changes to the entry points of the system are of course much needed and are having beginning to have the desired impact of streamlining entry into the service system. They are also having a **dramatic flow on impact into SFVSs**.

2.2 Impact of COVID-19

The COVID-19 pandemic has significantly impacted SFVSs in the increased demand for services, complexity of client need, the well-being of specialist practitioners, and the increased costs of providing services remotely. Additional funding to meet the demand arising during the pandemic has been welcomed by SFVS. However, in many cases services report that this funding was quickly absorbed in managing existing unmet demand and growing waiting lists for specialist case management services in SFVS and in increased information and communication technology costs. Services are concerned that when this time-limited funding ends the complexity of issues facing victim-survivors as a result of COVID-19 will continue.

Impacts for victim-survivors

Recent Australian evidence⁵ indicates that the COVID-19 pandemic appears to have coincided with the onset of physical or sexual violence or coercive control and an increase in the frequency of severity of ongoing violence or abuse for victim-survivors.

In Victoria, data from the Crime Statistics Agency⁶ report that between April and June, when Victoria went into its first lockdown, paramedics responded to 16.4 per cent more family violence-related call-outs than in the same period last year. Victorian public hospital emergency departments also recorded an increase of 13.5 per cent in the number of family violence-related injuries in the year to June 2020.⁷

SFVSs also report⁸ an increase in the frequency, severity and complexity of family violence incidents during the pandemic. This includes:

- An increase in the number of victim-survivors reporting family violence for the first time.

For example, the state-wide 24/7 service reports an increase of over 20 per cent in calls to their crisis line when compared with the pre-COVID -19 period. During the week, they reported an average of more than 250 daily calls to the crisis line.

⁵ Boxall, Haley., Morgan, Anthony., Brown, Rick. (July 2020). *The prevalence of domestic violence among women during the COVID-19 pandemic*. Australian Institute of Criminology, Australian Government.

⁶ Crime Statistics Agency, Media Release, 2 December 2020

⁷ Crime Statistics Agency, Media Release, 2 December 2020

⁸ See: inTouch Multicultural Centre Against Family Violence. *Issues Paper: the impact of the COVID-19 pandemic on inTouch and its clients*. Updated September 2020 <https://intouch.org.au/new-issues-paper-six-months-on-and-the-impact-of-covid-19-on-our-clients/> accessed 10 December 2020

- An increase in the number of referrals relating to adolescent family violence, both in relation to adolescents as victim-survivors and as perpetrators, and the limited range of support services for this cohort.
- An increase in referrals relating to children and young people.

For example, a rural SFVS reports an increase of 49.2 per cent in afterhours clients under 18 years of age for the period of 1 March – 30 November 2020 compared to the same period in 2019.

- An increase in the complexity of client cases and the need for more contacts with individual victim-survivors. For example, victim-survivors may have lost their jobs or had their hours reduced, they may be on temporary visas may be ineligible for specific COVID-19 government supports, they may be facing housing insecurity, and experience difficulties in communicating while wearing masks.
- An increase in the use of alcohol and other drugs combined with mental health increasing the complexity and need for collaboration with mental health and drug and alcohols providers.

For example, a rural SFVSs reports that 30 per cent of referrals are more complex due to mental health overlays.

Victoria Police recorded increases of 48 per cent and 60 per cent for depression or other mental health issues in affected family members and other parties, respectively, as hazards and risk factors for family violence incidents between 2018-19 and 2019-20.

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There has been an escalation or increase in ‘other factors’ for family violence incidents reported to Victoria Police. These includes a 125 per cent increase in severity or frequency of violence, 123 per cent increase in financial difficulties, 62 per cent increase in presence of disability, 8 per cent increase in pregnancy or a recent birth, and 98 per cent increase in recent or imminent separations.

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- An increase in calls from third parties such as friends and family who are concerned about their loved ones, and from a range of professionals such as health, mental health, housing, and drug and alcohol professionals seeking assistance to support their clients experiencing family violence.
- An increase in family violence flexible support package applications.
- COVID being used as a weapon by perpetrators.
- Impacts of COVID-19 on the broader service system. For example, the impact on the justice system resulting in the adjournment and back log of final intervention orders hearings results in victim-survivors requiring extended case management support from SFVS.

SFVSs report ‘holding’ clients for increasing periods of time and remaining longer on waiting lists – for their specialist case management services and for referral into other parts of the system, for example

⁹ ‘Victoria Police Tables 2019-20’ <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>

¹⁰ ‘Victoria Police Tables 2019-20’ <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>

sexual assault services. Early in the COVID-19 period SFVS reported being the only service 'open for business' in the local area and that they experienced an increase in secondary consultations with a wide range of services in the wider service system.¹¹

For example, a metropolitan SFVS reported that its wait list has progressively increased from 30-40 victim-survivors in March 2020 to 105 victim-survivors in November 2020 after reaching a high of 135 victim-survivors during the stage four lockdown.

SFVSs describe a **surge in referrals** during the COVID-19 period and that this surge in numbers is 'exacerbating the gaps in specialist services'; highlighting the cracks in the system particularly at the post-crisis end of the system and the need for specialist case management and counselling support.

For example, a metropolitan SFVS recorded a 43 per cent increase in episodic/short term case management referrals in their region during the first six months on COVID-19 compared to the six months prior.

SFVSs report that it is not known how long the impact of COVID-19 will last. SFVSs expect to see high levels of trauma for victim-survivors who have been 'stuck' in a violent home for months without access to many of their risk mitigation strategies including services. Services expect to continue to face growing demand and increasing complexity in a COVID normal world.

Similarly, for SFVSs supporting victim-survivors who are and have been impacted by disasters such as bushfires, demand for services is likely to increase in the period of recovery from such disasters.

SFVSs workforce impacts

The 2020 Monash University report documents the impact on well-being of working during the COVID-19 restrictions on SFVS. The report acknowledges that while "*working remotely may provide greater flexibility and increase productivity, it can have significant adverse consequences for the wellbeing of workers in the family violence sector.*"¹²

SFVSs report the need to provide increased supports for their workforce as staff contend with this increase in demand and complexity whilst also managing their own pandemic experiences, working remotely, most often in their own home, and without the informal debriefing and connection with colleagues that is, ordinarily, a daily occurrence.

SFVSs report increased staff absenteeism during the pandemic due to illness and burnout, requiring services to engage increased numbers of casual staff who subsequently require higher levels of support and supervision from more experienced staff.

SFVSs are facing additional costs to support the reintegration of staff into workplaces including equipment to support flexibility in staffing locations, supports to re-establish work teams, and

¹¹ See: DVVic and CASA Forum. Progressing Recommendation 31: Phase 1 Project, Final Report. November 2020.

¹² Pfitzner, N., Fitz-Gibbon, K., McGowan, J., and True, J. (2020). When home becomes the workplace: family violence practitioner well-being and remote service delivery during COVID-19 restrictions. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia, p.52.

meeting the ongoing well-being needs of staff, particularly as the state moves into social and economic recovery.

2.3 Resourcing model

The outdated nature of the current resourcing model is acknowledged by government and change is imminent. It is important however, to document the way in which an outdated resourcing model coupled with an inadequate level of resourcing is impacting on the sustainability of SFVSs.

SFVSs report that they consistently provide services for many more ‘targets’ than they are funded to, and that this has been the case for many years. In 2019-20, SFVS report even greater discrepancy between the targets they are funded to achieve what they actually provide.

For example, a large metropolitan SFVS reports that they reached their annual funded target within the first 6 months of 2019-20 financial year.

At current resourcing levels, SFVSs face an ongoing tension and challenges between meeting the demands for service, staffing costs and operational (non-salary) costs - balancing the needs of victim-survivors, the occupational health and safety of staff and the financial viability of their organisations.

2.3.1 Meeting operational costs

SFVSs face increasing operational (non-salary) costs relating to quality assurance and compliance; maintenance and strengthening of protocols and systems to ensure alignment with reforms; supervision mechanisms to maintain service delivery excellence; design, delivery and review of innovative programs and service elements; administration of programs such as flexible support packages and brokerage programs, participation in reform activities; and maintaining and strengthening technological and data systems to support innovative service delivery and accountability.

SFVSs would welcome an equivalent investment in data systems such as that invested in the Orange Door network. A single data system across service elements with the ability to support currency of data and to inform the flow of victim-survivors through the system would be beneficial.

SFVSs are frustrated with out-dated and inefficient data systems that do not provide them with accurate and timely data that can be used to inform and shape their service responses. This issue is of concern at an organisational and state-wide level. SFVS report having to collect and report on data, often via multiple systems, related to funded targets, rather than data that might be more useful to the organisation in informing their operational strategies. Mostly services are required to collect such data manually, which further impacts on their limited resources.

“The data we are required to collect and report on is not that helpful to us. It is not helping us to build a picture of what is happening, or to inform a strategy that works for us. Anything we want to collect that is more useful we have to do manually. It takes up our valuable resources.” SFVS Manager, Metropolitan

2.3.2 Lapsing and cliff funding

Much of the funding to SFVSs for system reform initiatives such as MARAM were provided on a short-term basis. SFVS express their concern about the impending lapse of this funding when the systems and approaches are still being embedded and MARAM Phase 2 due to be implemented in 2021.

SFVSs report ongoing difficulty in recruiting and retaining skilled staff. This is particularly the case where roles are time limited, where services face uncertainty about the future of lapsing programs and in some rural areas.

Core funding for SFVSs faces cliff funding, that is, it has committed funding only until 2021. SFVSs report this has the potential to even further destabilise and demotivate the specialist system if its future core funding is uncertain.

2.3.3 Attracting and retaining skilled specialist practitioners

SFVSs face ongoing issues in attracting and retaining staff due to lower and unequal pay rates, short term contracts for staff, the complexity of the work and responsibility for managing risk, high rates of practitioner stress and burnout. Also, a lack of career progression opportunities within SFVS impacts on practitioner retention and job satisfaction.

For example, in establishing SSH new positions were created recognising the need to establish highly experienced roles and to create career progression opportunities. These highly paid positions have the capacity to accommodate management tasks, staff supervision, collaboration, and consultation functions. These new roles – advanced family violence practice leads– are a feature of the Orange Door and are not mirrored in SFVSs. Nor do SFVSs, in the most part, have the capacity within existing resources to establish such roles. This situation has created significant inequities across the two key components of the family violence service delivery system –SSH and SFVSs.

2.3.4 Supporting non-service delivery reforms

Many of the system reforms require active input from the specialist family violence sector, and which the sector passionately supports. The effectiveness of the reforms is enhanced by the expertise, experience, and insights of its specialist practitioners. Many of the reforms have sector collaboration and partnership at their core. These elements are vital for the effective functioning of the service system and in lifting its response to victim-survivors, to perpetrators and to the broader community.

However, this also places an additional load on overburdened SFVSs. SFVSs report having to make decisions about whether staff can be released to participate in consultations, forums and other collaborative activities.

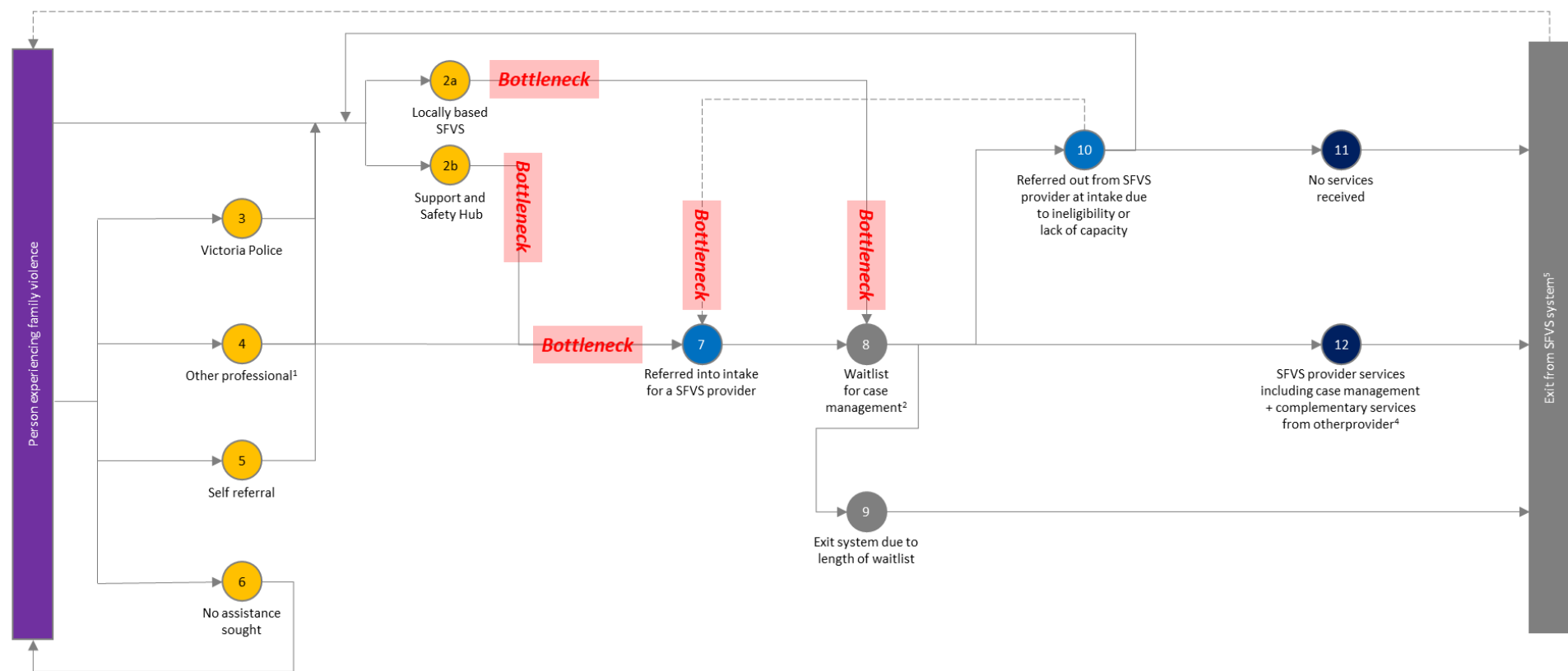
Collaborative effort is often a time-consuming aspect of practitioners' work but one which they describe as essential in achieving the best outcomes for clients. Indeed, the very foundation of the vision for a more effective service system is that of partnership and collaboration.

SFVSs express a desire for collaborative effort to be recognised as an **essential and funded** element of their core service provision and **requiring ongoing funding**.

2.4 Summary

Figure 2 below provides a visual representation of the system pathway. It shows the likely pathway of victim-survivors entering the specialist family violence system and where bottlenecks are currently occurring in the system.

Figure 2: System pathway and bottlenecks



Notes

1. Other professionals include: medical professionals, teachers, other support system service providers
2. Waiting lists are currently growing and practitioners are needing to “actively manage” a larger number of referrals on the wait list for a longer period of time than they have previously
3. There is currently a bottleneck to accessing case management across the SFVS sector, which is attributed to a rise in complexity of the cases flowing through the system leading to more time being required with each case
4. Providers include those within the SFVS sector and other relevant sectors (e.g. mental health, alcohol and other drugs)
5. This does not prevent re-entering the SFVS system at a later point

Key



3. The Impact

SFVSs have faced long standing deficits in core funding. Additional resourcing for new initiatives and some increases to meet demand is welcome, but to date, it has been insufficient to meet the gap between core funding and demands on the services, and to address service sustainability.

SFVSs do not have the option to refuse service to clients – nor would they. SFVS accept their duty of care and moral obligation to respond to all victim-survivors experiencing family violence who reach their service by whatever means.

However, as SFVSs try to accommodate the increasing demand for service they are constantly faced with difficult choices about the level of service they can provide to each client (and potential client), the demands they place on their specialist practitioners, their level of engagement in system reforms, and their ability to generate evidence to develop innovative responses.

SFVSs are concerned that clients who may receive insufficient service will cycle back into the system often with increased complexity and at increased risk.

3.1 Service delivery

As SFVSs contend with ever-rising demand for services, they are becoming increasingly concerned about the impact for clients. This includes:

- A move towards a crisis driven and high-risk response. SFVSs report that the ever-rising demands, and consequent gaps in services are resulting in a system response that means victim-survivors have to be at crisis point to receive a service. They report a frustration in not having the capacity to work with victim-survivors at an earlier point, or to engage them for a longer period so that case management and counselling supports have time to ‘take effect’ in their recovery. This in turn is likely to contribute to escalation of risk and re-entry into the system.
- A concern that victim-survivors won’t try again to reach out to support services if they are left on a waiting list (even where this is actively managed).
- Gaps in services for children and for families experiencing adolescent family violence.
- The lack of a focus or vision for the longer-term recovery for victim-survivors experiencing family violence.

SFVSs report a consequence of the surge of referrals during COVID-19 is the growing backlog of victim-survivors requiring specialist case management support. This includes:

- Longer wait time for a specialist case manager to be allocated. There are increases to the number of people on active waiting lists, and the length of time people remain on active waiting lists.

For example, a large metropolitan SFVS reports that their active wait list for specialist case management services has risen from around 30-40 people per month to around 100 people per month during 2020.

- Potential for increase in risk and lethality whilst in a ‘holding pattern’ for specialist case management support.

- Shorter term support and contact from multiple workers. Interim measures put in place to cope with the surge in demand for services can result in clients receiving support from multiple workers.
- Some clients at serious risk and being unable to receive timely case management support and thereby at increased risk of lethality.
- Victim-survivors are more likely to become at higher-risk the longer they wait to receive appropriate services and support.

For example, a metropolitan SFVS has analysed their data to determine the risk of fatality of the referrals it receives. Their analysis shows seasonal fluctuations, and a significant increase in cases deemed at high risk of fatality.

Risk of Fatality	June 2019	June 2020	Nov 2019	Nov 2020
High	23%	53%	22%	38%
Moderate	58%	42%	66%	52%
Low	19%	5%	12%	10%

“We can’t pretend this [COVID-19] didn’t happen. Women are traumatised by their experience. Women will need our support as we move into COVID normal. They are requiring longer periods of specialist case management.” CEO, SFVS Metropolitan

SFVSs describe a range of ways in which they are trying to accommodate demand including:

- Constantly adapting work processes and systems.
- Restructuring work teams.
- Introducing new intake and assessment approaches.
- Reluctantly increasing practitioner caseloads.
- Introducing creative ways to safely connect with victim-survivors.
- Engaging contract staff to actively manage the wait list through regular telephone engagement until a specialist case manager can be allocated, and to backfill staff on unplanned leave due to illness and burnout.

However, with each efficiency gained through these efforts, ever-rising demand quickly eats into any additional capacity. SFVSs report that this is frustrating, time-consuming and requires their constant attention. It detracts from time they might otherwise wish to spend on proactive approaches.

“Any changes we make to how we work, any efficiencies we gain, are quickly usurped by demand.” CEO SFVS, Metropolitan

Some SFVSs report that additional funding received to respond to COVID-19 whilst welcome was quickly swallowed up in responding to the backlog of demand facing the service prior to COVID-19.

SFVSs frequently describe a **bottle neck** occurring whereby the streamlined triaging and flow on from widening entry points is not supported by sufficient access to specialist case management, counselling, legal and a range of other supports. They express concern that the system is not adequately accommodating the ‘**whole of response**’ required by victim-survivors to recover from the trauma of experiencing family violence.

“There is a risk that we are establishing a system that triages well but does not provide tangible, ongoing support when required.” Manager SFVS, Metropolitan

SFVSs report operating at their 'maximum capacity' and that they are unable to sustain levels of service.

3.2 Worker burnout and stress

SFVSs report that the wellbeing and mental health of staff is being impacted by the ever-rising demand for services, the impact of COVID-19 on their personal lives and the impact of remote working arrangements during COVID-19. SFVS indicate that staff are reporting an increase in stress, anxiety and feeling overwhelmed due to the increased workload and working with clients with increased complexities. SFVSs experiencing vast increases in L17 referrals, report that the staff responding to these referrals, intake and assessment staff, report feeling overwhelmed and stressed by the increase in demand and complexity. One SFVS reports that the number intake and assessment staff taking mental health days has increased by at least 50 per cent during 2020.

"Have we built a tolerance for demand? We are starting to question, what are our options? Do we close our wait list? This is just not sustainable. We cannot sustain this level of stress on our staff." CEO, SFVS metropolitan.

3.3 Organisational infrastructure

SFVSs report that the main focus of their effort is managing the surge in demand for services. All resources are directed to this reactive effort. Proactive strategies, innovative responses and professional development are casualties in the face of responding to demand.

"I'm an executive manager. All year my entire focus has been on managing demand, on being reactive. It requires my constant attention. I want to work proactively. I want us to be disrupters for victim-survivors of family violence - to offer them a way ahead toward recovery. I know we could do this if we had the resources." Manager SFVS, Metropolitan

SFVSs also report:

- At times being unable to support the professional development needs of staff as they are unable to release staff to attend, due to the demand for service. This impacts knowledge and skill building, and the morale of the workforce.
- Facing additional time and resources in engaging casual staff to back fill staff unplanned vacancies.
- Facing increased salary costs to cater for increases in after-hours responses.
- Managers and team leaders taking on additional case-loads to try to ease demand which leaves them with limited capacity to support and supervise staff teams.
- Being unable to fill vacant specialist family violence practitioner roles.

"For the first time in my 9 years here, we are not able to recruit to [vacant] specialist family violence roles." Manager SFVS, Rural

SFVSs report their frustration at the lack of accessible, consistent, and useful data systems that can be used to track, improve and plan for new innovations. For example, many services have implemented a range of data projects and systems in an attempt to have data that supports and improves their service delivery. The problem is that these data projects lack connection to an overall strategy that can be used to track and monitor how the 'back end of the system' is functioning. SFVSs request that an investment be made to improve data capture and use, including an investment in IT infrastructure.

3.4 New unit costing model

Whilst reforms to the unit costing of SFVS is welcome – the implementation and evaluation of the new unit costing is not known. The new unit costing model is likely to support greater flexibility in the way in which service allocate their resources. Without an increase in the **quantum of funding**, services are unlikely to be able to respond to an increased number of clients. SFVS anticipate there will be a **gap between the unit cost and the number of people seeking support**.

Additional investment and the introduction of a new unit costing model must be cognisant of ever-increasing demand, the need for funding flexibility and the critical importance of a sustainable funding base.

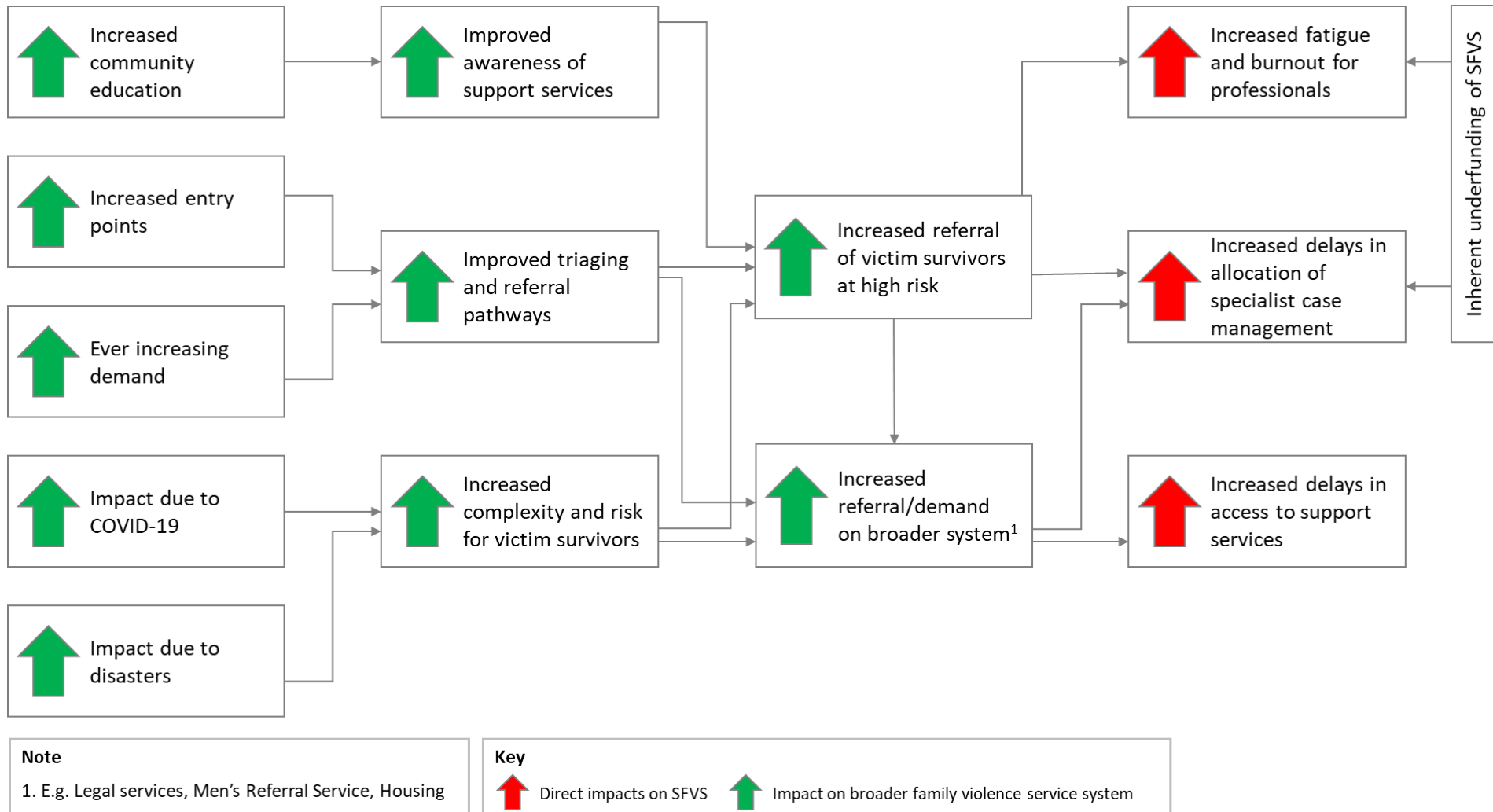
SFVSs currently attempt to ameliorate funding model inadequacies, without success, as the core funding levels fall far below what is required. For example, by employing staff at classifications commensurate with their expertise and work requirements, SFVSs sacrifice the number of staff they can employ.

The **salary component** of the costing model must be sufficient to enable SFVSs to **pay its workforce at a classification/level that is congruent with the qualifications, knowledge, and skills** required to respond to the complexity and high-risk nature of their work and to the sophistication of the multiagency family violence system environment they are engaged in. The costing model must also allow SFVSs to **employ sufficient specialist staff** to respond to existing and expected future demand for services.

3.5 Summary

Figure 3, below, provides a visual summary of the system flow and subsequent impact.

Figure 3: System flow and impact



4. A Sustainable Resourcing Solution

Towards sustainable SFVSs

SFVSs lack sufficient resourcing to support sustainable organisational infrastructure to address ever-rising demand, impact of the surge in demand and complexity arising from COVID-19, and to create organisational systems and processes to support robust services into the future.

Estimating quantum of resourcing required

As described earlier, accessing current and reliable data that can be used to inform and shape strategic investment and design of SFVS is cumbersome and time consuming. In 2021, DV Vic wish to conduct a specific SFVS Forecasting Family Violence Demand Project to improve the availability and understanding of demand for services and to provide the ‘whole story’ picture of demand for Victoria. The Project will complement and be consistent with existing data sources such as that supporting the Orange Door network. It is anticipated that by the end of 2021 we will have the ‘**whole story**’ about demand which can be used to inform projections of the investment required to provide sustainable resource base for SFVSs.

In the interim period, there are grave concerns about the SFVS, their workforces and their clients without an immediate boost to funding.

What is evident, is that additional investment is required to address the:

- **Inherent deficit** in core funding. SFVS have encountered a restrictive and inadequate funding model over many years that has been insufficient to meet their requirements, or indeed the requirements of contemporary community service organisations.
- **Surge in responding to COVID-19.** Boost funding received during 2020 to meet the demands resulting from COVID-19 has, in many cases, been swallowed up in meeting the backlog of existing referrals arising from ever-increasing demand. The ongoing impacts of the pandemic, for victim-survivors, for staff and for front line organisations, are not known. It is anticipated that SFVS will continue to face the ramifications of the pandemic through the period of social recovery period we are likely to be facing us over next two years.
- **Ever-increasing demand** for services, year on year. It is not expected that this increase in demand will diminish for some time yet. It is highly likely, based on the 2019-20 data from five Orange Door sites, that demand will continue to escalate as more Orange Door sites become operational. Without resourcing for additional capacity, further delays in accessing specialist case management and other services can be expected. SFVSs must, at a minimum, be in a position to provide services, through their core funding, to all L17 referrals, assessed and triaged as high risk, received via the Orange Door network – likely to be in excess of 40% of all Orange Doors referrals.
- **Infrastructure costs** to sustain quality service provision including staff recruitment and retention, health and safety measures, quality and compliance regime costs, and technological and data management systems. Each of the above points are compounded by the shortfall in sustainable infrastructure investment. Without additional infrastructure investment, SFVS will continue to need to access any available infrastructure costs to ‘prop up’ service delivery. This impacts on services’ plans to implement better organisational structures to increase the support and supervision for staff, introduce innovative

interventions to meet demand, and to easily access and collect data to shape, inform and report on service delivery.

There is an **urgent need** to provide:

- A **retention of the 2020 COVID-19 funding** to the base funding for SFVS, particularly as this initial boost funding was largely swallowed up in responding to existing demand and backlog of referrals.
- A second tranche of **COVID-19 boost funding** for SFVS to deal with the backlog of cases resulting from COVID-19. This is likely to require additional case management staffing for a 2-year period, particularly to support the next phase of social recovery.
- An ongoing **healthy worker fund (HWF) for each SFVS** to respond to the high levels of fatigue, burn out and stress experienced by specialist family violence staff. The HWF could be used to support additional support and supervision capacity, the creation of casual staff pools, and increased backfill capacity to support unplanned leave and to enable staff to attend professional development and collaborative activities.
- Funding of \$200,000 for a specific **SFVS Forecasting Family Violence Demand Project** to be undertaken by DV Vic. The 12-month Project will bring together a range of data sources to create a 'whole story' picture of demand on the family violence system. It will explore the influences on demand, assess available data from relevant sources, identify gaps in data collection and begin to assess the impact of responses. The aim is to provide the 'whole story' of demand in the family violence system - at various points as clients access services, and highlight where there are blockages, and waiting lists for services. The data will complement and be consistent with the Orange Door data collection systems, police L 17 data and SFVS data. Funding will provide for the engagement of an experienced data analyst (SCHADS level 7), a simple data system that can be used across the sector, and consultation capacity.
- **Reassurance of ongoing funding for core services** such as those facing cliff funding, and **further funding of lapsing programs** to support initiatives such as the MARAM Phase 2 roll out.

In the short-medium term, there is a need to develop:

- A **long-term resourcing model** that provides flexibility, allows for the employment of sufficient staff to provide a realistic response to demand for services, accommodates organisational infrastructure needs, and allows for fair and equitable remuneration of staff. The **quantum of resourcing** of such a model is critical to ensure that SFVS are not expected to 'do more with less'. It is expected that the outcomes from the **SFVS Forecasting Family Violence Demand Project** will assist in determining the estimated increase required to the core funding of SFVSs across staffing increases and operational (non-salary) costs.
- A **family violence recovery strategy** that enables the family violence service system to provide a '**whole of response**' for victim-survivors of family violence. One that responds to the level of risk, the complex needs, and the range of ongoing interventions that will support victim-survivors to recover and thrive.