

SAFE+EQUAL

Standing strong
against family
violence

2022 Budget Submission

Calling for a Sustainable Footing for the Specialist Family
Violence Sector

17 January 2022

Acknowledgements

Acknowledgement of Aboriginal and Torres Strait Islander peoples

Safe and Equal acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Nations and Traditional Owners of Country. We pay respects to Elders past, present and emerging. We acknowledge that sovereignty was never ceded and recognise the right to self-determination and continuing connection to land, waters and culture.

Recognitions

Recognition of Victims and Survivors

Safe and Equal recognises the strength and resilience of adults, children and young people who have experienced family violence and recognise that it is essential that responses to family violence are informed by their expert knowledge and advocacy. We pay respects to those who did not survive and acknowledge friends and family members who have lost loved ones to this preventable and far-reaching issue.

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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.

EXECUTIVE SUMMARY

Safe and Equal calls for an urgent uplift in funding to **secure a sustainable footing for the specialist family violence services sector**¹.

Despite an unprecedented investment into improving Victoria's family violence system following the Royal Commission, a complex range of factors are creating critical gaps and pressure points. These must be addressed immediately to ensure a robust, sustainable system, where every victim survivor can access the support and safety they need at the time they need it.

Ongoing issues around sustainability, demand and resourcing in the specialist family violence sector have resulted in high levels of staff turnover and burnout, with extreme difficulties recruiting and retaining experienced staff and new and inexperienced workers holding significant caseloads, complexity and risk.

Specialist family violence professionals face constant job insecurity due to short-term contracts and are often paid less than those working in other community sectors. Increases in community awareness and entry points into the system have further increased demand on services, creating rising pressure as services struggle to keep up with an ever-growing client base, and an unprecedented number of high-risk and complex cases – due in part to the COVID-19 pandemic – that require more time and resources. In addition, the current outdated and inflexible costing model is a significant barrier to the appropriate allocation of resources, meaning services are unable to effectively respond to demand pressures.

Burgeoning sector reforms have required many family violence services to quickly scale up to meet new industry requirements, adding extra burdens to already full workloads - with no additional funding.

Gaps within the current service system, including access to crisis accommodation and long-term housing, are critical and require immediate attention. With current Victorian refuge capacity limited to accommodating just 160 households at one time and growing numbers of victim survivors requiring emergency accommodation, the availability of flexible crisis, transitional and long-term housing is integral to managing complex risk and keeping victim survivors safe from their perpetrators.

A lack of clarity, consistency and resourcing in responses to children and young people experiencing family violence is also a critical gap that must be addressed. Funding and structural limitations and a lack of consistent practice guidance means the system is struggling to provide tailored, specialist responses to children and young people as victim survivors in their own right.

The complexity of family violence work means it is vital the sector maintains a high-quality, specialist function. This includes the retention of a highly skilled and healthy workforce, the embedding of lived experience across all system responses, and peak body support and coordination to support workforce development, access and inclusion, and data capabilities.

In considering these critical gaps and pressure points, Safe and Equal calls for an urgent uplift in funding to **secure a sustainable footing for the specialist family violence service sector**.

¹ The terms specialist family violence services and specialist family violence services sector, used throughout this submission, refer to specialist services who are funded to provide a range of family violence supports and who are members of Safe and Equal. Specialist services and member services are also used interchangeably for ease of reading.

We seek:

1. An uplift of current **core funding for all specialist family violence services** to sustain and respond to increasing demand.
2. A 20% increase in current funding levels allocated to **infrastructure costs** to enable all specialist family violence services to meet the prerequisites of contemporary community organisations.
3. The immediate implementation of a **fit-for-purpose, flexible costing model**.
4. An immediate increase in **crisis accommodation places to enable 320 households to be accommodated on any night**. We also call for the **prioritisation of 1000 dwellings** for victim survivors of family violence to be built immediately as part of Victoria's Big Housing Build, and a **greater proportion of new social housing** to be set aside for victim survivors of family violence in recognition of the proportion of people seeking support from supported housing services as a result of family violence.
5. Immediate funding to boost the specialist support provided to **children and young people** experiencing family violence. This includes the creation of a **best practice framework** for supporting children and young people along with an **additional 17 specialist practitioners** to champion and lead best practice approaches to working with children and young people.
6. The creation of an ongoing **Healthy Worker Fund (HWF)** to support the health, well-being and professional sustainability of the specialist family violence workforce.
7. The creation of a three-year **Embedding Lived Experience Fund (ELEF)** to support the uptake and implementation of the Experts By Experience Framework.
8. An **uplift in the core funding of Safe and Equal to support sector coordination, support and capability building**. This investment will bolster the specialisation of the sector and ensure that responses are fit for purpose for *all* victim survivors of family violence.

Context

What's currently happening within Victoria's family violence system?

Ambitious reforms

The 2016 Royal Commission into Family Violence firmly established family violence as a social issue in the Victorian public's consciousness. Family violence is no longer the hidden issue that it once was. We are having more conversations about family violence and violence against women than ever before and the mantra that 'family violence is everyone's responsibility' is increasingly being embraced across all levels of society.

The years since the Royal Commission have also been a period of unprecedented investment in family violence prevention and response, with the Victorian Government investing over \$3.5 billion to implement the Royal Commission's recommendations. This investment has created rapid change reflective of an ambitious reform agenda, on a scale not previously attempted. The reform agenda has had a significant impact on the specialist family violence sector, as well as the broader systems that intersect with family violence such as civil and criminal justice, housing and homelessness, health, and child and family services.

Positive Achievements

There are many aspects of the reforms that are worth celebrating. Not least of these is the strength of the Multi-Agency Risk Assessment and Management (MARAM) Framework, Family Violence Information Sharing Scheme and the introduction of the Central Information Point. These aspects of the reforms are helping establish a system-wide approach to family violence risk assessment and management that shares common language and an improved understanding of evidence-based risk factors across different workforces that intersect with family violence. These common understandings of risk and language are resulting in more consistent and collaborative service responses. Most importantly, they are facilitating a system-wide shift towards focusing on the perpetrator and enabling specialist family violence services to obtain risk relevant information about perpetrators to inform their risk assessments and safety planning, which was previously unavailable.

The reforms have also led to a more inclusive family violence system. Although there is significant progress yet to be made, the family violence response system is more aware of the structural barriers certain groups of victim survivors face to accessing family violence support, and significant investment has been made into making the system more accessible and inclusive. Inclusion capacity building for the specialist family violence sector, funding to support the sector to pursue Rainbow Tick accreditation, the refurbishment of communal family violence refuges into a core and cluster model, formal endorsement from the specialist family violence sector of the Safe and Equal (formerly Domestic Violence Victoria) *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim Survivors* and the creation of the *Everybody Matters Inclusion and Equity Statement*, as well as the *Delk Dja: Safe Our Way* agreement are examples of this work.

Critical challenges

Against this backdrop of much needed reform, a confluence of a complex range of factors continue to erode the sustainability of the specialist family violence service sector, limits the improvements gained over the last five years and severely impacts the ultimate goal of maintaining a safe and effective service system.

Effectively, we are working within a family violence service system that is being rebuilt in response to the Royal Commission's recommendations. Much of this rebuilding effort has been at the 'front-end' of the service system – the points at which victim survivors can access a range of multiagency supports, the emphasis on people experiencing the most significant risk of serious harm, and the flow of support from the point of crisis to ongoing recovery. The specialist family violence sector is highly engaged with reform and at the same time responding to the massive challenges brought by the COVID-19 pandemic, increasing complexity and the ramifications and confluence of pressures that such a system rebuild brings.

All parts of the system must be resourced commensurately to ensure pathways for people moving through it are not blocked. While the family violence reforms have resulted in an unprecedented investment into improving the family violence system overall, the reforms have not ameliorated the historic and ongoing underfunding of the specialist sector. Specialist family violence services have never been funded at a level that meets demand, which has only increased since the Royal Commission. Increased demand is a positive development. It indicates that more victim survivors of family violence feel able to come forward to seek help, and that more cases of family violence are being successfully identified by other sectors through the use of MARAM. However, the increase in demand is creating increased pressure within the system as services struggle to scale up and implement the infrastructure needed to support a growing client base.

The complexity of work is also increasing. The important reform work of improving system collaboration and coordination takes time and significant staff resources yet is rarely funded and often left to existing staff to do in addition to their substantive roles. Specialist family violence services were already reporting an increase in high-risk and complex cases of family violence before the COVID pandemic. The pandemic further intensified this. Specialist family violence services are reporting that an unprecedented high proportion of their case loads are deemed high-risk. At the same time, services are trying to navigate a rapidly changing service system that is undergoing significant reform and trying to adapt to working remotely during a global pandemic.

A note on data

Safe and Equal is committed to the continuous improvement of meaningful and reliable data collection approaches to inform and shape service system development. Through the Estimating Demand Project and working in partnership with Family Safety Victoria, Safe and Equal has begun to identify a range of indicators and data sources that have the potential to provide meaningful data which can shed light on demand pressures on the specialist system. Analysis of the first attempt to collect data against the indicators, undertaken during October – December 2021, is used to inform this submission. An insights workshop held in December 2021 drew on the expertise of team leaders participating in the Project to further understand what the data are telling us and to support future planning for this work.

Time pressures on staff, variation in organisational systems and service offerings, and a degree of mistrust of data collection approaches appear to have impacted on the level of uptake in data collection participation rates. While the response rate was from a limited number of services, the range of services included is indicative and representative across metro, regional and rural/remote service locations, as well as agency size. The data provides a robust snapshot of case management service provision among specialist family violence services. Safe and Equal is encouraged by the results to move the sector toward reliable, meaningful data collection and analysis. The data collected during 2021 provides insights into system demand that we have previously been unable to document.

WHAT'S THE PROBLEM? AND OUR KEY ASKS

1. LACK OF SUSTAINABILITY

1.1 Why is sustainability important

To deliver the best quality services to victim survivors of family violence, the specialist family violence sector needs to be sustainably funded at a level that enables services to respond to not just increasing levels of demand and client complexity but to a rapidly changing service environment stemming from the unprecedented level of government and systemic reform.

A sustainable funding base would bring stability to the workforce, ensure services are adequately resourced to meet and plan for future increases in demand, foster collaboration with other sectors and systems and promote innovation and continuous improvement. A sustainable sector would attract a workforce that is desperately needed to fill critical job vacancies and ensure that every victim survivor can access the support and safety they need at the time they need it.

Impact of short-term contracts and program funding on sustainability

Short term contracts across the sector mean that specialist family violence workers are constantly facing job insecurity. Many specialist family violence practitioners are paid less than staff working in other community sectors and are not paid at a level that reflects the complexity of work that they do and the risk that they hold. Combined, this means that it is extremely difficult to recruit and retain staff, particularly experienced, specialist professionals. The specialist family violence sector is now facing a workforce shortage and experiencing high staff turnover and burnout. Guaranteed longer-term funding would provide job security, reduce turnover and improve organisational efficiency and service quality because services would not constantly be losing staff with corporate memory, needing to orient and train new staff or spend precious time advocating for funding to be renewed every 12 months.

We appreciate that as part of the family violence reforms, the Victorian Government has developed the 10-Year Industry Plan for Family Violence Services and is undergoing a significant recruitment campaign. This is welcome, but in the short term means a large proportion of the specialist family violence workforce is new and relatively inexperienced at a time when client complexity is increasing. To make sure these new workers have the support they need and that they stay in the sector, services need access to long-term funding to establish and support team management structures, access to secondary consultations, supervision, professional development, and robust governance processes.

Many specialist family violence services are small, stand-alone services that have had to quickly scale up to meet demand and respond to new governance, compliance and accreditation requirements brought about by the reforms. However, funding to implement and align to these reforms has not grown sufficiently, resulting in staff having to carry this on top of their substantive positions and workload. The increasing governance and compliance requirements accompany a service system that is more complex than it has ever been. Specialist family violence services are required to work collaboratively with other sectors (including health, mental health, alcohol and other drug, housing, child protection, child and family services, justice, etc.) and provide integrated services to victim survivors. While there is no question that integrated, holistic services deliver improved outcomes for clients, current funding levels do not reflect and acknowledge the time, energy and resourcing it takes to make integration and collaboration possible. Effective collaboration requires trust to be built and the development of shared understandings of terms, processes, and ways of working

across sectors. Not funding these important activities undermines the viability and sustainability of the sector and reforms.

The invisible work that often happens behind the scenes but underpins the delivery of quality services to clients and ensures the family violence workforce is adequately supported must be recognised and appropriately funded. This will ensure that the specialist family violence sector is sustainable in the future and continues to deliver highly specialised services to victim survivors.

The roll out and alignment to MARAM also means that more allied services are identifying that their clients need family violence support and are contacting specialist family violence services for secondary consultations. This is a positive development, but providing secondary consultations is time consuming and, without additional resourcing, has implications for specialist services' capacity to provide direct support to their own clients.

What does sustainable funding look like?

When we say we need sustainable funding, we do not just mean more money for direct service delivery or one aspect of service delivery. This is, of course, important and needed, but money for more workers to deliver more services to clients will not create sustainable community service organisations unless it is accompanied by additional money to fund corresponding infrastructure needed to support all facets of service delivery.

When we talk about sustainable funding, we mean:

- Long term (minimum 3 years) staff contracts and program funding.
- Wages for specialist family violence workers that reflect the complexity of the work, the skill set, and the level of qualifications needed to work in the sector.
- Funding to resource middle management positions to support and oversee growing teams of case managers hired to meet increased client demand.
- Funding to hire staff to provide secondary consultation to allied services working with victim survivors of family violence.
- Funding to purchase appropriate operating and oversight systems and equipment needed to support growing organisations.
- Funding to support staff professional development and wellbeing.
- Funding to support reporting and compliance obligations.
- Funding to support service integration and collaboration activity.

This submission calls for increased investment, as detailed in the key asks below, that together will make a lasting impact for a strong and sustainable specialist family violence service sector.

1.2 Demand and complexity

Year on year increases in family violence reports

Family violence incidents recorded by Victoria Police continue to increase year on year, as indicated in Figure 1. As a key, but not the only, entry point for support for many victim survivors, police reports of family violence tell us demand is increasing. However, the matter of demand for specialist family violence services is much more complex and nuanced than reported family violence figures can tell us. They present, nonetheless, a startling and concerning figure.

Figure 1. Family incidents recorded and family incident rate per 100,000 population, July 2016 to June 2021²

	2016-17	2017-18	2018-19	2019-20	2020-21	% change from 2019-20 to 2020-21
Number of family incidents	76,477	76,093	82,649	88,205	93,440	5.9%
Victorian rate per 100,000 population	1,209.8	1,177.5	1,252.8	1,317.1	1,399.3	6.2%

Insights from our Estimating Demand Project

The Estimating Demand Project is enabling us, **for the first time**, to begin to truly understand the demand and complexity of the support being provided by specialist family violence services.

It paints a picture of the **complexity of both client need and specialist service response**. This picture is much more finely detailed and nuanced than the picture that throughput data provides. It begins to allow us to see how complexity plays out in the specialist service system and where the pressure points put further strain and stress on an overworked and under-resourced specialist family violence sector. It also begins to identify where some of the remedies should focus effort and investment.

Accessing support

Data from the Estimating Demand Project provides an insight into the characteristics of people accessing support from specialist family violence services. The data shows the complex range of issues that clients present with, and which are revealed throughout the case management support period.

Gender of clients

- Nearly all clients were female (98%, N= 1,714). There were 37 males and 5 non-binary persons
- Male clients were represented in all geographic areas serviced and non-binary clients were serviced by urban and regional agencies

Age of clients

- Specialist service data collected included clients aged from less than a year to 79 years with the majority of non-duplicate clients aged 18 and older (94%, n =1,039) and only 6% (n=66) aged under 18 years. The average age of adults was 36 years and 9 years for young people.
- Comparative data on family violence support periods recorded in the Homelessness Data Collection (HDC)³ during the same data collection period included a larger proportion of children and young people: 30% aged 17 and younger; 70% aged 18 and older. Two thirds of young people were aged under 10 years (67%). Two thirds of adults were aged between 25-44 (66%).

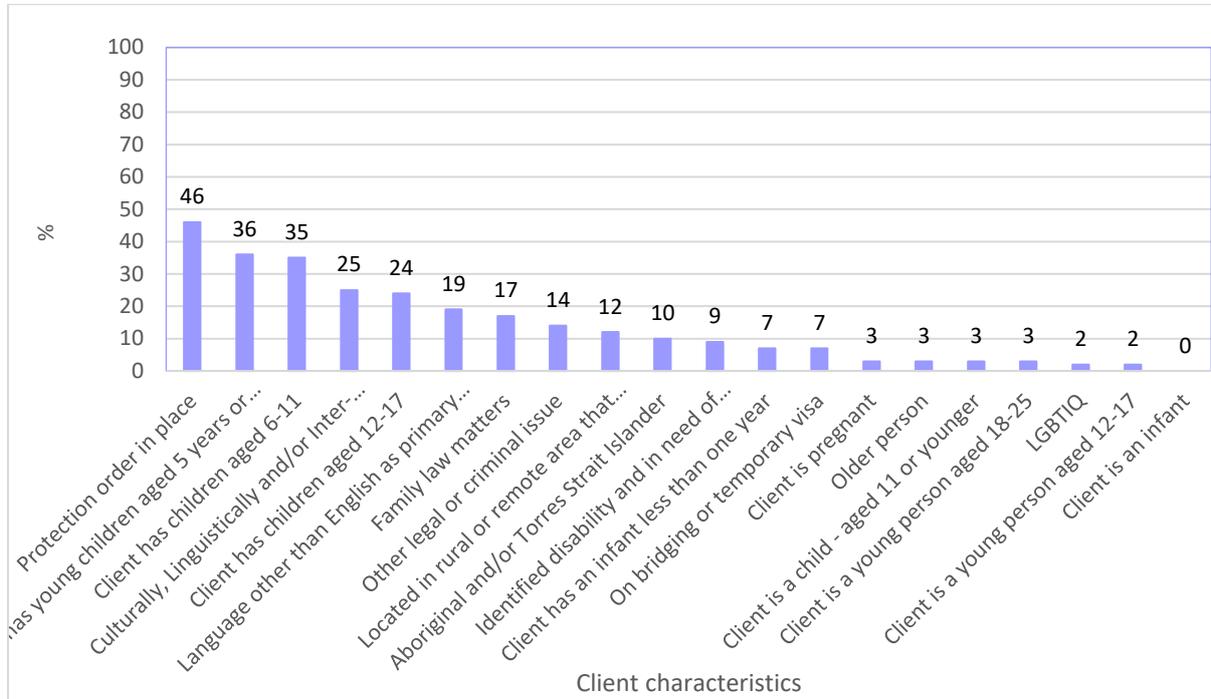
² Crime Statistics Agency, <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>

³ Data obtained from Family Safety Victoria extracted from the Homelessness Information Tool on 20/12/2021 and 22/12/2021. Data are November and December 2021 combined.

Client characteristics

Information was recorded on twenty client characteristics (Figure 2). The most common characteristics included having protection orders in place, having younger children in their care, and being of a diverse background (culturally, linguistically, or inter-faith).

Figure 2: Client characteristics – all case management activities (N=4,406)



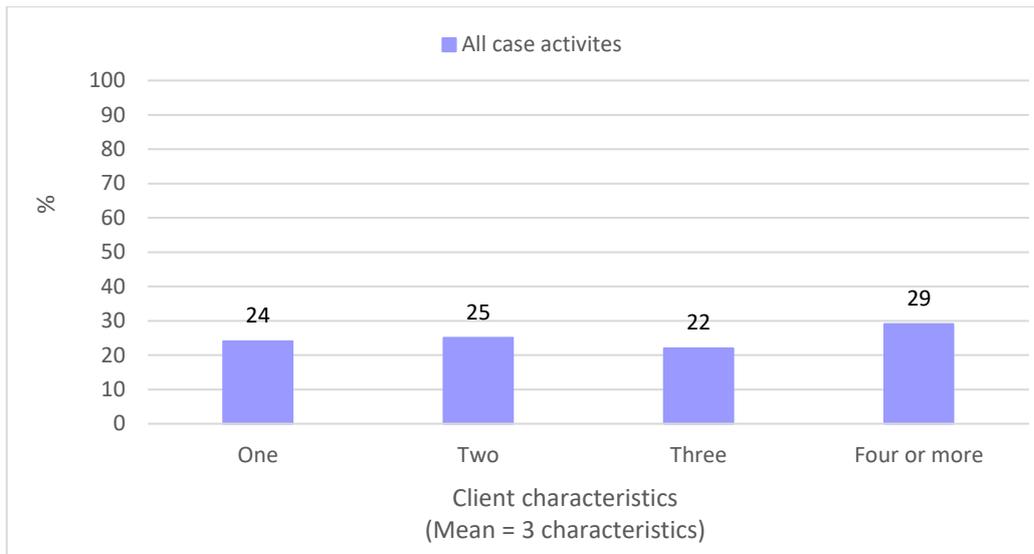
Some client characteristics can be more challenging for case management when there are fewer resources available or higher demand. Multiple characteristics may result in additional complexity or require additional resources and case management skills, including the need to co-case manage with other culturally specific services when required.

Similar proportions of clients (around one quarter) recorded one, two or three characteristics and nearly one third (29%) recorded four or more (Figure 3). The average number of characteristics was three.

This could suggest one of two things: either those with more characteristics were likely to have required more activities during the data capture period and therefore were more often recorded in the data capture, or more characteristics became apparent the more often a client was involved in case management. Either way, the data does show a likelihood that clients with more characteristics will likely require more case management within a short timeframe.

Clients with a greater number of characteristics were likely to have protection orders in place, have younger children in their care, and be culturally, linguistically, or inter-faith diverse. They are also likely to be involved with family law matters, other legal or criminal issues, and speak a language other than English.

Figure 3: Number of characteristics for all case management activities (N=4,412)



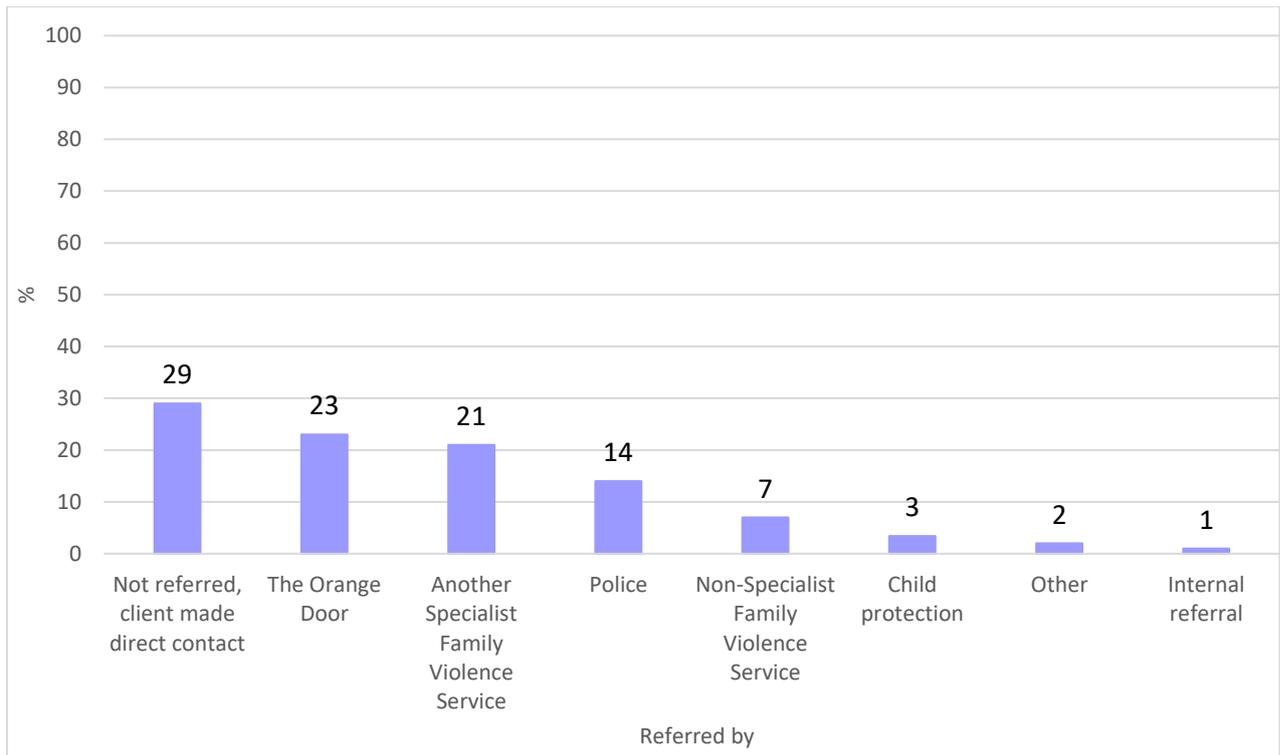
Client referral

The data also provides a picture about the pathway into specialist family violence services.

For new clients, case managers were asked who referred the client. The majority of clients made direct contact with the agency (29%), followed by The Orange Door (TOD) (23%)⁴. As more Orange Door hubs open across the state, this referral pathway is likely to increase. Another specialist family violence service (including family safety checks with men's behaviour change programs) were also common referrers (21%). Police were the fourth most common (14%). Referrals under the 'Other' category often included other family members.

⁴ At data capture 1 TOD was open in 11 areas with a twelfth in the process of being opened. At data capture 2, TOD was operational in 12 areas and two additional areas in the process of being opened during data capture.

Figure 4: Who client was referred by (new referrals for activity today n=1,091)

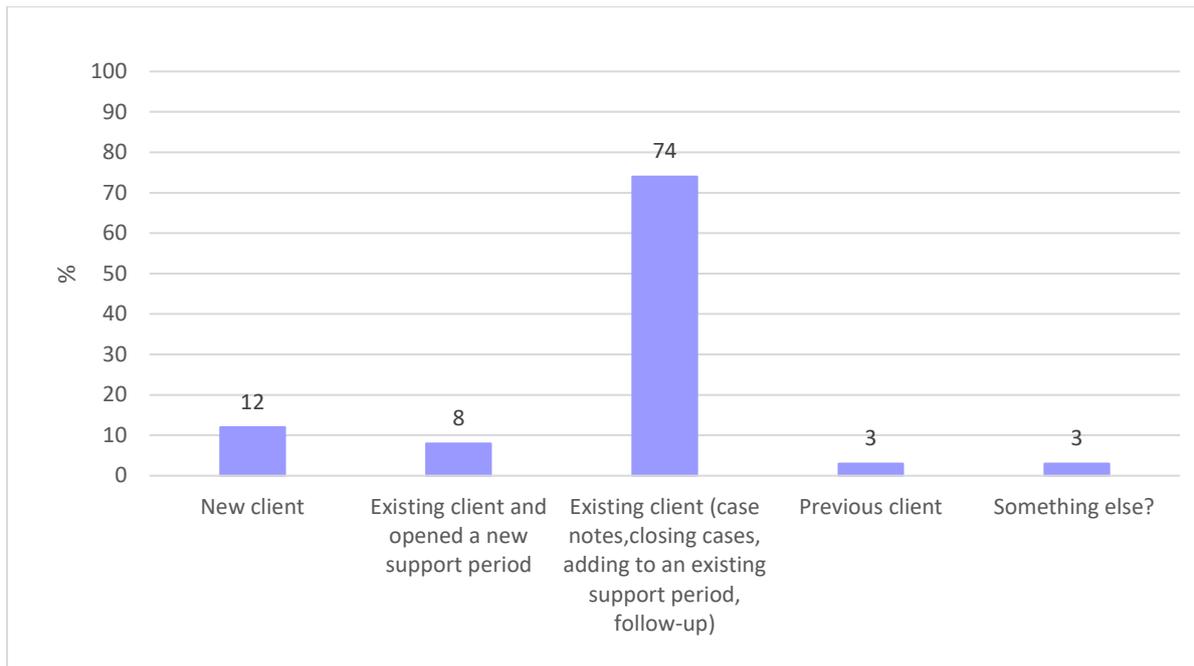


Active holding and waiting lists

The data provides insight into the pressure points (or flash points) in the specialist system where there are more people needing to access support than the system can cater for in a timely way.

Only a fifth (20%) of clients (de-duplicated) were identified as *new* case management clients across the two data collection periods (12% new clients and 8% with a new support period for an existing client), as shown in Figure 5. This is a small proportion of activity over a 4-week period.

Figure 5: Was the current activity undertaken for a new or existing client (non-duplicate clients N=1,817)



Identifying new cases was found to be a complex process. The low proportion of new case management clients prompted further investigation about the referral pathways of new clients and raised questions about why there were so few when it was widely reported that there was a backlog of support requests unable to be filled.

Nearly two-thirds of services reported having some form of a waitlist or were actively holding cases before allocation to case management. If case managers report that only 12% of their case activities over four weeks were with new clients, this suggests that victim survivors are ‘waiting’ to receive a service.

Consultations with team managers revealed that most services were full most of the time, and each service manages clients between referral, intake and case management differently. While some services close their books and do not receive referrals when they are full, others try to juggle referrals through intake and an internal triaging system. This usually means that clients receive some form of outreach or limited case management activity while waiting for case allocation.

We are currently at capacity. We often allocate 30 clients per month for case management, and our target is 111 for the year, so we well-exceed targets. We can often allocate referrals internally from our intake team or after-hours (run by our organisation). Generally, clients are supported by intake until allocated, which is often within a week of contacting our service.

PRACTITIONER, ESTIMATING DEMAND PROJECT

“We made a decision maybe about six months ago, to actually have a specialist family violence advocate run our allocation and waitlists because women and kids waiting were not getting a service and it was causing high levels of demand on our administration teams and then also our assessment and response team because women had questions or they had immediate issues and that’s where all the work went to, and then it clogged up the service because new women could not get in”.

TEAM LEADER, DATA INSIGHTS WORKSHOP

As we have more complexity and risk coming through it means women with perceived lower levels of risk wait longer for a service.... then there are women who don’t perceive themselves as high risk, but they are high need. The support they get can take a while. Our allocation worker spends a lot of time managing that work before it gets to case managers, making sure we are in contact with those women either via phone calls or text messages, so they know someone is actually there and there’s some sort of care over what’s going on...it takes a lot of time.”

TEAM LEADER, DATA INSIGHTS WORKSHOP

Active holding and waitlists illustrate a high level of demand and service provision that appears **largely uncounted and unfunded.**

“Our service was ‘full’ and unable to allocate clients to a case manager, however we keep accepting case management cases and ‘actively holding them’. Therefore, we are managing many more case management clients than it appears. Technically we are never ‘full’”.

PRACTITIONER, ESTIMATING DEMAND PROJECT

Services participating in the data capture reported the average case management target allocation was 19 during each 2-week data capture period. Collectively, they were seeing an average of 7 more clients above their target allocation.

During the data capture period, two-thirds of participating services reported they were not fully staffed: one third were working with only 50-60% of staff and another third between 65-75% of full staffing.

The data capture revealed that one third of activities took place in a service where a wait list was not available (31%). Another third (30%) were seen in services using active holding and provided some service while waiting for case management. In another third the client was seen immediately without a need to wait (34%). When a service offered a waitlist 42% of their clients waited 21 days or longer to be allocated to case management. A fifth (19%) were allocated within 1-2 days and another quarter within a week (23%). When a service was able to be provided to clients being held they had longer waiting times (average of 21 days) compared to clients being held but without any service being provided (average of 7 days).

Data provided by Family Safety Victoria for The Orange Door sites shows that there was a high level of demand in The Orange Door sites during October and November, with over 7000 and nearly 10,000 persons referred to TOD and screened between 18 to 31 October and 15 to 28 November respectively. Of these screened persons, 70% were given a service from TOD. Data also showed the average length of time from referral to case closure was over 30 days. Due to the short follow-up

time between the reporting periods and the data extraction date, the data systems are not able to tell us the precise number of allocations from The Orange Door to specialist family violence services and whether cases were being managed by The Orange Door for that period of time due to specialist family violence services being at full capacity⁵.

“We don't have a current wait list because the work is backlogged at The Orange Door which opened [recently]. Once TOD is fully staff, we expect we will need a wait list and will prioritise risk rating to triage clients to allocation”.

PRACTITIONER, ESTIMATING DEMAND PROJECT

“Self-referrals receive an immediate response, the Orange Door referrals do have a delayed response”.

PRACTITIONER, ESTIMATING DEMAND PROJECT

“At the moment, our team is managing because the workflow/allocations are slow from The Orange Door. If these increased, we would very quickly hit capacity and have to hold a wait list”.

PRACTITIONER, ESTIMATING DEMAND PROJECT

A deeper insight into impact of complexity

In understanding the complexity of the specialist family violence services response it is important to understand both the layered and tailored range of activities provided by services in response to the complex needs and characterises of victim survivors seeking support.

Specialist family violence services provide a wide range of service elements according to their funding requirements, their geographic location and their local partnerships and collaborative effort.

This multi-layered range of service elements is a hallmark of the specialist family violence system, which allows it to offer a tailored response bespoke to the individual and complex needs of victim survivors.

Again, the data provides us with a deeper insight into the impacts of complexity.

In taking a deeper look at case management, the data shows the wide range of activities that comprise the function of case management – that is – it is not a one-dimensional activity. Rather, it is a range of activities that specialist practitioners employ to respond to the complex needs of individual clients.

The data shows that the most common case management activities were writing case notes (80%), and non-specific ongoing case management tasks (69%).

Analysis of the most common activities (excluding case notes and generic case management) showed that emotional support was clearly the most common (42%), followed by general enquiries (26%), safety plans (20%) and referral follow-ups (19%) as shown in Figure 6.

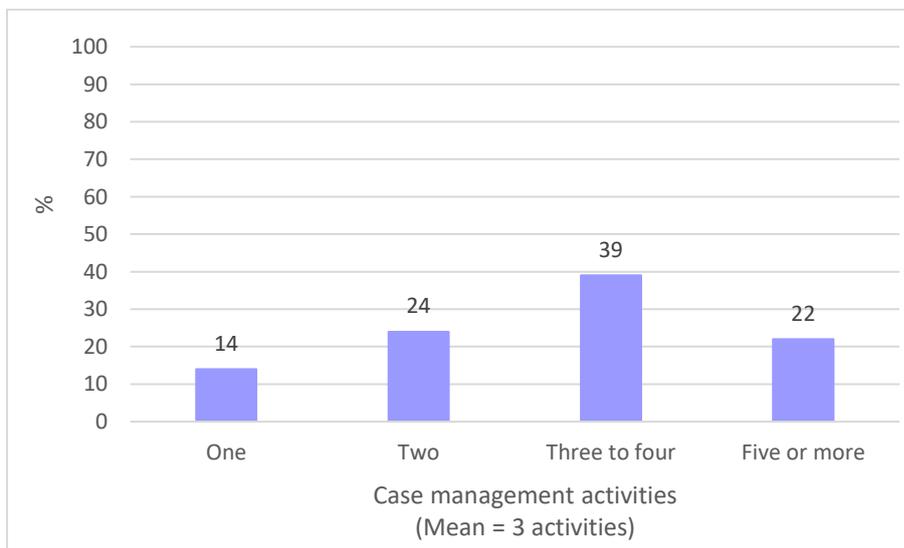
⁵ Work is underway in FSV to improve the CRM functionality so that at any point in time you will be able to view the number of people and need type of those waiting to be allocated to a service.

Figure 6: Most common case management activities undertaken (all clients and activities N=3,713)



The more characteristics, the more likely a case could be complex and may require more time and experience to manage. Nearly two-fifths of the case manager activity on any given day involved three to four activities (39%), as shown in Figure 7.

Figure 7: Number of case management activities undertaken (all clients and activities (N=4,687)



Client characteristics combined with case management activity can be used as an indirect and indicative measure of case complexity. This measure will not reflect case complexity for all clients. However, without a standardised tool to measure complexity, this proxy measure may be useful.

There are some client characteristics that are more likely to co-exist with a greater number of case management activities undertaken. The following characteristics increased proportionally with the increase in the number of activities:

- Having a protection order in place
- Client having young children aged 5 years and younger in her care
- Involvement with family law matters
- Involvement with other legal issues.

A few client characteristics also decreased along with the number of activities, suggesting that clients with these characteristics may have required fewer activities, or their needs were unmet. These included:

- Identified disability with related support needs
- Aboriginal or Torres Strait Islander persons
- Women with infants under 1 year old.

Of these client characteristics, those with a disability-related support were most often identified by the case manager as not being able to meet their needs with the case management activity – two fifths (39%) reported their needs were unlikely to be met, compared with around one fifth – one quarter (20%-26%) for clients with other characteristics.

"What we are trying to manage is caseloads but also how many at risk, how many elevated. I think it's becoming harder and harder. The more that the demand increases the more that the expectation is that the clients wait. Your case load becomes really challenging. You're managing a lot of high-risk cases and you know there's lots of coordination, lots of safety planning...how much of that work can one person do well?"

TEAM LEADER, DATA INSIGHTS WORKSHOP

The data paints a compelling need for increased resources for specialist family violence services to respond to the increased demand and complexity of people seeking support. Our members are concerned that they are frequently unable to respond to the complex needs of victim survivors in a timely way, and that active holding and waiting lists are an unsustainable way to manage the demands on a strained specialist response. Victim survivors must have access to timely and responsive support provided by specialist family violence services.

Key Ask 1. Uplift in current funding to respond to increased demand and complexity of people seeking assistance

We seek an uplift of current **core funding for all specialist family violence services** to sustain and respond to increasing demand.

1.3 Insufficient infrastructure resourcing

Specialist family violence services report that the main focus of their effort is managing the demand for services and fluctuating staffing levels. All resources are directed to this reactive effort. Proactive strategies, innovative responses and professional development are casualties in the face of responding to these issues.

Specialist services also report:

- At times being unable to support the professional development needs of staff as they are unable to release staff to attend training due to the demand for service. This impacts knowledge and skill building, and the morale of the workforce.

- Using additional time and resources in engaging casual staff to back fill 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, leaving them with limited capacity to support and supervise staff teams.
- Being unable to fill vacant specialist family violence practitioner roles.
- Increasing expectations and participation to support the operations of partnership, multi-disciplinary and collaborative approaches.

These issues are compounded by the shortfall in sustainable infrastructure investment. Without additional infrastructure investment, specialist services 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, participate fully in collaborative and multi-disciplinary approaches, and to easily access and collect data to shape, inform and report on service delivery.

Key ASK 2. Uplift in infrastructure funding

We seek a 20% increase in funding levels allocated to **infrastructure costs** to enable all specialist family violence services to meet the obligations of contemporary organisations. Infrastructure costs will contribute to the sustainability of high-quality service provision and include staff recruitment and retention, health and safety measures, staff supervision and professional development, collaborative effort and expectations, quality and compliance regime costs, and technological and data management systems.

1.4 Out-dated, inflexible costing model

The arbitrary nature of the current out-dated and inflexible costing model is a significant barrier to achieving a sustainable footing for specialist family violence services and it is also a major and long-standing frustration for the sector. The quantum of funding is far too low, and the inflexibility and meaningless of targets is restrictive and unhelpful.

Specialist family violence services 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, specialist services sacrifice the number of staff they can employ. Fewer staff employed results in fewer victim survivors being able to receive the support they require.

We understand that reform to the specialist family violence services unit costing model is underway, and very welcome. However, we remain frustrated and concerned that the implementation and evaluation of a new unit costing model is not known. We expect that the new unit costing model is likely to support greater flexibility in the way in which services allocate their resources. This is likely to be well supported by the sector.

We highlight that without an increase in the **quantum of funding** alongside a flexible costing model, services are unlikely to be able to respond to an increased number of clients, and thereby begin to respond more effectively to demand pressures. The specialist services sector is concerned that there will be a **gap between the unit cost and the number of people seeking support**. Services no longer wish to be forced to reduce the support time for individual clients in order to support more victim survivors, extend waiting periods for support, or make choices between supporting more victim survivors **or** employing more adequately remunerated staff.

“We have really short support period of 6-8 weeks. We try and mitigate risk as fast as we can and then refer out. If we had longer support periods, our caseloads would blow out.”

TEAM LEADER, DATA INSIGHTS WORKSHOP

Flexibility of the costing model alone will not fix waiting list issues described previously.

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

Key Ask 3. Fit-for-purpose, flexible costing model

We call for the immediate implementation of a **fit-for-purpose flexible costing model** for specialist family violence services.

Specialist services have encountered a restrictive and inadequate funding model over many years that has been insufficient to meet their requirements, or indeed the obligations of contemporary community service organisations.

A new costing model must include a **salary component** which is sufficient to enable the specialist sector 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 specialist services to **employ sufficient specialist staff** to respond to existing and expected future demand for services.

2. CRITICAL SYSTEM GAPS

There are also critical gaps in the service system response that require immediate attention. Service system gaps can arise in response to increasing demand, the dynamic nature of a complex service system, and the impact of new initiatives including the unintended consequences of new approaches.

In **this submission**, our focus is on two critical areas:

- Access to crisis housing
- Responses to children and young people.

2.1 Access to crisis housing

The lack of crisis accommodation for victim survivors of family violence is well known – by our members and across governments around Australia. The investment in the redevelopment of communal family violence refuges in Victoria to a core and cluster model is welcome and much needed.

We have watched with keen interest the recent investment of the New South Wales government to double the number of places for women and children escaping family violence through the funding

of an **additional** 75 women's refuges and 200 affordable homes. We note that the new refuges are also expected to be 'core and cluster' design⁶.

The post-Royal Commission investment in the Victorian refuge system has not materially increased the capacity of refuges. Rather, it has created much warranted improvement in the quality and appropriateness of the response. The true demand for specialist family violence crisis accommodation is still unknown. State-wide modelling is needed to provide an accurate picture of this demand.

What we do know is that there is currently only capacity to accommodate 160 households in refuge in Victoria at one time. In 2020/21, Safe Steps supported an average of 97 victim survivors in crisis accommodation each night, with some months averaging as high as 120 people per night. This does not include victim survivors who may be supported through local arrangements at a regional level, or those accommodated through housing and homelessness services.

Increasingly, we are finding that motel accommodation is unsuitable for victim survivors of family violence, whose lives are at significant risk. Motels are simply unable to provide the level of care and safety needed. The reliance on motels as a form of emergency accommodation is endangering the lives of victim survivors of family violence - adults and children. Brokerage spent on motels for family violence crisis accommodation is failing as a solution.

Therefore, it is critical that the Victorian Government **immediately doubles the capacity of the specialist family violence crisis accommodation system to be able to support 320 households** on a given night.

What is required is additional refuge capacity and resourcing for specialist support options to manage complex risk and keep victim survivors safe from their perpetrators, and more standalone properties so refuge providers have increased flexibility to house victim survivors according to need - including those who have multiple and complex needs and those who are COVID positive.

"It's so difficult [for] the workers to be able to support [victim survivors] in that space when they have no stability and no safe space to sleep, or they don't know where they are going to be next week. The housing piece and the homelessness piece is so massive, it underpins so much. We are lucky in the refuge sector that the accommodation comes with the rest of the support that we provide...the emotional support takes a lot of the time."

TEAM LEADER, DATA INSIGHTS WORKSHOP

Rebuilding lives

The availability of crisis housing sits alongside the right of victim survivors to live safely in their own homes. We know however that this is simply not possible for many victim survivors, and that to be and feel safe, they must leave their own home. The availability of crisis housing also sits alongside the need for transitional and long-term housing.

We welcomed the announcement of Victoria's Big Housing Build to deliver 12,000 new dwellings as a key investment in social and affordable housing. This investment will no doubt go some way to

⁶ NSW Government Media Release, 19 October 2021, Landmark Investment to Help More Women And Children Fleeing Domestic Violence

meeting the drastic need for affordable housing in Victoria. Victim survivors of family violence must not be left out of consideration in this new investment.

We call for the 1000 dwellings earmarked for victim survivors of family violence as part of the Big Housing Build be prioritised and built as soon as possible to house the growing number of victim survivors of family violence stuck in the system due to lack of housing.

We also ask that additional properties within the Big Housing Build be earmarked for victim survivors of family violence. AIHW⁷ data consistently demonstrates that nearly half of all people seeking assistance from specialist homelessness services do so because of family violence. It therefore is logical that nearly half of all new social housing be earmarked for victim survivors of family violence.

The rebuilding of lives and the move towards recovery from the trauma of experiencing family violence requires stable, secure and affordable housing. This is a key element of recovery.

“There is so much behind the scenes work around applying a family violence lens and really listening to the client. It takes time. The whole system is under pressure and when there are no housing options it adds extra pressure onto other recovery aspects.”

TEAM LEADER, DATA INSIGHTS WORKSHOP

A new way of funding crisis accommodation?

It is also possible to draw on international research in relation to estimating the resourcing required to adequately fund crisis housing for victim survivors, to guide a new way of thinking about and funding crisis accommodation for Victoria. For example, the *Guidance on Estimating Resource Requirements for a Minimum Package of Services* module developed as part of a United Nations Joint Global Programme: Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines⁸. The Guidance offers a model for costing and estimating the quantum of crisis housing that involves unpacking prevalence data, population profile, geographical layout, and establishment and operation costs to determine the number of refuge places needed in any jurisdiction. The model uses the European standard of one refuge place or family space per 10,000 inhabitants.

Safe and Equal is very open to holding discussions with Family Safety Victoria about the potential to rethink the way in which crisis accommodation is funded, and to put to an end the fruitless search for ‘true demand data’.

Key Ask 4. Crisis Housing

We call for an immediate **increase in specialist family violence crisis accommodation to enable 320 households to be accommodated on any night**. We also call for the **prioritisation of 1000 dwellings for victim survivors of family violence to be built immediately as part of the Victorian Big Housing Build initiative**, and a **greater proportion of new social housing properties** to be set aside for victim survivors of family violence that accurately reflects the proportion of SHS clients seeking support primarily due to family violence.

⁷ Australian Institute of Health and Welfare, 2021, *Specialist homelessness services annual report 2020-2021: Web Report* <<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/about>>

⁸ UN Women, *Essential Services Package for Women and Girls Subject to Violence. Core Elements and Quality Guidelines. Module 7: Guidance on Estimating Resource Requirements for a Minimum Package of Services*.

2.2 Responses for children and young people.

Lack of coherence and chronic under-funding

Previous work done by DV Vic on how specialist services work with children and young people⁹ documented the range of practices and strategies specialist family violence services use to work with children and young people. This included risk assessment¹⁰ through to case management and therapeutic responses and noted that this work can take place through a variety of means, either together with their non-offending parent, or separately and individually with a child or young person where reasonable and appropriate to do so (for example, depending on age and stage of development).

It also noted that the capacity for services to undertake this spectrum of responses is underpinned by their resourcing capacity; the specific skillset required to work with children and young people; the importance of delivering flexible and tailored responses; and the nature of voluntary, community-based service provision which may limit direct contact with children and young people.

This work also highlighted several ongoing challenges and tensions for working with children and young people within the sector. This included funding and structural limitations that impact on service resourcing to work in-depth, clarity around expectations for working directly or indirectly with children and young people within the crisis-oriented voluntary settings of specialist family violence services, and the need for a set of minimum standards.

Recent consultation with our members has consistently identified that these challenges continue to beleaguer the system and that it is time for a focussed effort to lift responses to children and young people.

The current response to children and young people lacks coherence and consistency and is chronically under-resourced.

Some refuge services engage specialist children's workers to provide support for children in crisis accommodation. However, there is a lack of consistency about the way in which these roles are funded and deployed. At each Orange Door there is a children's practice-lead role to focus attention and support for children and young people. There has also been an investment in therapeutic and flexible supports for children and young people to support them to recover from their experience of family violence, many of which have taken the form of demonstration projects. Overstretched family violence case managers focus on the adult victim survivor and, overall, do not directly provide support to individual children or young people.

“One of our workers was working with a woman who had nine children. If you counted each of those children as individual clients, she's got a full case load with just that one family. So being able to do the work with children needs a much bigger focus on it, especially from government, because we just need more resourcing for it.”

TEAM LEADER, DATA INSIGHTS WORKSHOP

⁹ DV Vic, 2019, *Discussion Paper: How Specialist Family Violence Services in Victoria Work with Children and Young People* (not published)

¹⁰ HDC data shows that 24% of the total number of MARAM risk assessments undertaken in October were for children and 26% of the total number of MARAM risk assessments undertaken in November were for children.

The system lacks clear linkage or explicit connection between these resources that can support the movement or flow of children and young people, who are mostly accompanied by an adult family member or carer, through the family violence system.

We also know that the pandemic has significantly decreased the visibility of children and young people in the service system, as service provision has largely been provided via telephone, online and web-based platforms and schools have been operating via remote learning.

Principle Six: Child Centred Practice, in the DV Vic Victoria Code of Practice¹¹, sets out the standards for responding to infant, children and young people in their own right, to ensure that their safety and well-being is prioritised at every stage of service provision. The reality is that for many specialist family violence services, they simply do not have the capacity or capability to fully meet these aspirational standards which they fully support and want to achieve.

HDC¹² data highlights the substantial number of children and young people accessing family violence services during October and November with a total of 1,469 family/domestic violence services provided to children under 10 years old in October 2021 and 1,418 family/domestic violence services provided to children under 10 years old in November. This number is not reflected in the data from the Estimating Demand Project showing there is more work to be done to ensure that children and young people receive individualised support.

Specialist services *do* support children and young people experiencing family violence, primarily through the support provided to parents and carers. To fully shift the focus of support to individual children and young people *in their own right* requires additional specialist practitioner time and resources; for example, undertaking stand-alone risk assessments, safety planning and case management. Additional capacity and capability is required to provide direct, tailored and individual responses to all children and young people that specialist services come into contact with, in addition to the support provided to their parent.

A fresh look and a coherent response

In this context, we see an opportunity to take a fresh look at how specialist family violence services can provide tailored and individual responses to children and young people, in their own right, as victim survivors. We are keen to develop best practice through further tailoring our approach to family violence risk assessments, case work support and trauma-informed care to children and young people. This requires the development of a best practice framework for supporting children and young people within the specialist family violence system, and additional capacity of skilled practitioners with specialist knowledge of developmental and age-appropriate practice approaches, and specialist family violence knowledge.

We seek funding for the creation of a supporting children and young people framework, along with the creation of a practice leadership role employed by a specialist family violence service in each region - whose primary purpose will be to champion and lead best practice approaches to working with children and young people within local services. These practitioners will be responsible for reviewing relevant policy and practice advice in collaboration with service managers to strengthen the child and youth lens, identifying and addressing professional development and training needs within the workforce, and ongoing capacity building activities. We anticipate that there will also be scope for these practitioners to provide secondary consultation to teams across their organisation in

¹¹ DV Vic, 2020, *Code of Practice, Principles and Standards For Specialist Family Violence Services For Victim-Survivors 2nd Edition*

¹² Homelessness Data Collection, October and November 2021. Data accessed from the Homelessness Information Tool on 20/12/2021 and 22/12/2021.

the form of case consultations and specialist practice advice. We do not expect that these practitioners will hold a caseload themselves, however they may attend client appointments and outreach in collaboration with the primary case manager in some cases and where appropriate.

The practitioners will also support the design, implementation, and review of a best practice framework to guide consistent and appropriate support for children and young people experiencing family violence. Consultation and engagement with young people with lived experience and people with lived experience as a child or young person will also form an integral part of the design process. It is intended that the framework will build on and complement the Code of Practice.

Key Ask 5. Children and young people

We seek immediate funding to boost the specialist support provided to children and young people experiencing family violence. This includes the **creation of a best practice framework** for supporting children and young people along with an **additional 17 specialist practitioners** whose focus is to champion and lead best practice approaches to working with children and young people within their service.

3. BOLSTERING SPECIALISATION**What makes for a high-quality specialist family violence services response?**

Family violence work is complex. Specialist family violence services play a unique role in ensuring that responses to family violence are grounded in the core principles shared by all specialist family violence services, and are effective, inclusive, and trauma-informed.

The core principles include:

- The safety of victim survivors is the cornerstone principle of specialist family violence services and is prioritised at all times.
- Victim survivors are supported to experience meaningful empowerment through person-centred and flexible service responses.
- Victim survivors are informed about how their confidential and personal information is managed.
- Services use collaboration and advocacy within coordinated multi-agency responses to benefit victim survivors.
- Perpetrators are responsible for using family violence and are held accountable and monitored through a system-wide approach.
- Infants, children and young people are recognised as victim survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision.
- Services respect and uphold the right to Aboriginal self-determination, choice and cultural safety.
- Victim survivors can easily access inclusive and equitable specialist family violence services.
- Services promote the professional development and sustainability of the specialist family violence workforce.
- Services provide quality governance and leadership that is accountable to victim survivors and advocates for systemic and social change.

Specialist services also play a key role in leading and partnering with the range of other specialist and allied services that come together as part of the broader system response. These services often look to specialist services for guidance and advice on best practice responses.

It is vital that specialist services can maintain and strengthen this leading role. This calls for a reinvestment in the specialist workforce including the introduction of new initiatives to support a depleted workforce.

This submission highlights the critical need to bolster **three key factors** vital in maintaining this critical specialist function. Firstly, to retain a highly skilled and healthy workforce. Secondly, to ensure the system response is informed, designed, implemented, and reviewed by people with lived experience and thirdly, that the specialist sector's peak body, Safe and Equal, can support the sector to continuously develop and strengthen approaches to service delivery and design, build specialist knowledge and skills, and ensure our responses are fit for purpose for *all* victim survivors.

3.1 A highly skilled and healthy specialist workforce

Specialist family violence services 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. Specialist family violence services 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. Specialist services 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 specialist service reports that the number of intake and assessment staff taking mental health days has increased by at least 50 per cent during 2020.

Our indicative data suggests that most specialist services are operating at reduced capacity, due in part to staff burnout and retention issues, which creates added pressure for remaining staff.

Recent consultations convened by Safe and Equal with specialist services team leaders revealed:

- Interconnected themes around demand, limited resources and broader systemic limitations, the breadth and complexity of case management activities, and the limited supply of experienced and skilled practitioners.
- Services are managing higher volume case-loads and increasingly higher levels of complexity and risk. This increasing complexity requires greater skill, dexterity and time on behalf of the specialist workforce. It also results in workers tending to have overall high-risk caseloads, that they are having to 'turn over' in a shorter time frame to make room for the next client on the wait list. This is compounded when a service isn't running with a full complement of staff and/or if a significant proportion of staff are new to the sector.
- New workers require more support and are unable to sustain large, complex caseloads. The time it takes to induct and train new staff has an impact on the service, with an increase in internal secondary consultation.

"It's [the waitlist] also impacted when we are bringing on new staff and they are new graduates as we rarely get experienced staff. Their caseloads really need to represent their newness into the sector so that also has an impact because you can't just expect them to work at the same level as everybody else. The risk and complexity puts pressure on other staff and then also puts pressure on our waitlist worker because she then has a lot more that she has to respond to. It puts pressure on women too because they get really annoyed with having to wait for support."

- Team Leaders are taking on case management tasks in addition to their leadership/supervision responsibilities. This is the same for RAMP coordinators and PSI roles. The unmet need of client support spills into the infrastructure of the service and clogs its ability to support and coordinate case management staff.

"How many cases can someone manage? We have had cases where [a staff member] has ended up with two RAMP cases and then a couple of others who are really close to RAMP. That's a lot of pressure for one worker. [As a Team Leader], you want to move things around and you look around and you're like "oh, actually there's no room at the inn". So the Team Leaders are also picking up cases and then you find you're not doing your role well while you're also trying to respond to the cases."

TEAM LEADER, DATA INSIGHTS WORKSHOP

- Case management workers are also “stopping the gap” in other parts of the system. This includes ‘holding’ cases due to limited housing options or providing additional emotional support in lieu of limited options for counselling or other therapeutic and recovery supports. This not only takes up more of their time, but it also has a corrosive effect on their wellbeing and capacity to sustain the role over time. Workers are constantly switching gears between being a trusted confidant, working in ‘survival mode’ with a traumatised person in crisis who has limited options, and being ‘the face’ of the limitations of the system and having to be the bearer of the bad news that there are limited or no options for that person.

"Staff wellbeing around housing is impacting hugely. I've got staff who say you know "I'm not sleeping at night, I feel responsible". Staff want to do their best each day and be really present for their clients. You start to see some transference, some enmeshment, some disconnect [during] supervision. It not just about the risk but the staff wellbeing too, and how are they managing some of the complex cases. It's easy to put cameras in and [other physical safety measures], but it's hard to get someone a rental property when there's no rental properties available, or they can't afford the rental properties."

TEAM LEADER, DATA INSIGHTS WORKSHOP

- In some cases, the clients are frustrated because they've had to wait so long to get into case management, only to be told the options that case manager can provide them with are limited or don't meet their needs. The case management worker often feels responsible – and will stretch themselves to do more, work harder, stay involved for longer, and struggle to maintain boundaries.
- Services report after two or three years, new workers tend to move on because they are burnt out, and/or there is other, often better paid, options available.
- Staff are not taking leave due to the increased demand and pressures created by the pandemic, further contributing to rates of stress and burnout.

We propose the creation of an ongoing **Healthy Worker Fund (HWF) for specialist family violence services** to respond to the high levels of fatigue, burn out and stress experienced by specialist family violence staff. The HWF will 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. We suggest that an amount of \$500,000 per year over three years be made available, and that Safe and Equal have a key role in the administration and coordination of the Fund. This will support the sharing of innovative approaches and economies of scale at a regional level.

Key Ask 6. Healthy Worker Fund

We seek **\$1.5 million over three years** for a **Healthy Worker Fund**, which includes an administrative component to support implementation as well as resources for discrete activities.

3.2 Embedding lived experience

The inclusion of victim survivors' own unique lived experiences, voices and knowledge has, over many years, informed the family violence evidence base, contributed to a deeper understanding of family violence, and through this, improved service responses. It is now a fundamental element that must underpin all work undertaken by the sector.

Released in 2020, the *Family Violence Experts By Experience Framework*¹³ aims to enhance the ability of specialist family violence services to provide opportunities for survivor advocates¹⁴ to be included in policy development, service planning and practice. It provides a more formalised approach to the engagement of survivor advocates. The Framework sets out principles, details examples of models and initiatives, and provides a range of resources to support specialist services to work in partnership with victim survivors in ensuring their responses are effective and safe.

Whilst the specialist sector has, for many years, worked alongside victim survivors to shape, inform and design service responses, there is a need to embed lived experience into all services in a consistent and formal manner.

As previously described with so many competing pressures for infrastructure resources, many services are unable to dedicate the time and resources necessary to formalise such initiatives.

This submission seeks to bolster the resources available to specialist services specifically for the purpose of embedding lived experience.

We note with interest the Mental Health Lived Experience Workforce Grants Program, which invests in capability building initiatives to build, grow and enhance the lived experience workforce within the mental health sector.

We seek the creation of an Experts by Experience Grants Program, administered by Safe and Equal, to support both capability building and professional development for individuals with lived experience, and capability and capacity building for organisations to embed the Framework. The grants will encourage collaborative effort at a regional level. Safe and Equal will continue to coordinate and support such initiatives and to develop and review tools and resources to encourage uptake of the Framework.

¹³ Domestic Violence Victoria, 2020, *The Family Violence Experts By Experience Framework*

¹⁴ Survivor advocates refer to victim survivors of family violence engaged in formal co-production activities and mechanisms to influence policy development, service planning and practice

Key Ask 7. Embedding Lived Experience Fund

We seek to bolster the resources available to specialist family violence services specifically for the purpose of **embedding the lived experience of victim survivors through the creation of an Embedding Lived Experience Fund (ELEF)**. We call for an amount of \$1.5 million across three years to enable our member services to implement a range of initiatives to support this activity.

3.3 Peak body coordination, support and capability building

As the peak body, Safe and Equal has a critical role in continuing the support, coordination, and implementation of new initiatives to improve specialist service responses, as it has done for many years. This crucial role greatly assists the cohesion of the sector and enables a greater level of consistency in best practice responses for victim survivors. Safe and Equal has invested in systems and capability to build the capacity of the specialist response. However, this capability requires bolstering to keep the sector moving forward and to allow system improvements to be fully effective.

We propose an uplift in the core funding of Safe and Equal to continue and extend our role in coordination, support and capability building. Specifically, the uplift in funding will support:

- Strengthening responses to children and young people
- Sector and workforce development and expansion
- Increasing specialist service accessibility and inclusion
- Embedding lived experience within the specialist sector
- Enhanced data capture, demand and complexity measurement capability

Children and young people

As indicated earlier in this submission, there is a critical need for the creation of a best practice Framework and ongoing sector support to embed consistent responses for children and young people experiencing family violence.

We seek an uplift in the core funding of Safe and Equal of \$150,000 per year for the coordination, support and practice leadership for children and young people.

Sector workforce development and expansion

The Victorian Government's investment in workforce capability building and industry planning through *Building from Strength* has created significant momentum. Safe and Equal has a key role in supporting and building on key workforce initiatives to ensure professional development opportunities for both specialist and allied workforces are responsive, fit for purpose and specialist-informed. It is critical that Safe and Equal can continue to respond to the needs of the sector, grow the skills and capabilities of all levels of the workforce and respond to new and emerging challenges in the system.

In line with our proposal submitted to Family Safety Victoria in 2021, we seek an uplift in core funding of \$1.5 million per year with a specific focus on sector and workforce development.

Access and inclusion

Building on the Victorian Government's blueprint for inclusion and equity, *Everybody Matters*, Safe and Equal is embedding an intersectional lens and supporting the specialist family violence sector's capabilities to provide accessible and inclusive services to victim survivors. In recent years, this has included the establishment of a community of practice to support LGBTIQ+ inclusion and Rainbow Tick accreditation within specialist family violence services; the coordination of disability inclusion specialists and development of tailored tools and resources to enable specialist family violence services to best support victim survivors with disability and those engaged with the NDIS; and the piloting of Family Safety Victoria's Intersectionality Capacity Building resources alongside the re-development of the Victorian *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors* with a concerted focus on intersectionality, access and inclusion. This activity has predominantly been resourced through discrete project funding, as well as self-funded by Safe and Equal based on our commitment to these principles and the critical importance of embedding this within the specialist sector. To continue to build on this work and ensure Victoria's family violence services are inclusive and accessible for *all* victim survivors, we are asking for an uplift in core funding for the peak to embed this ongoing function.

We seek an increase of \$150,000 per annum in Safe and Equal's core funding to support and embed access and inclusion initiatives.

Embedding lived experience

While we are working to establish a sustainable model for resourcing lived experience work within the peak, this requires government investment to support key foundational activity including the establishment of a survivor advocacy and sector capability building function, piloting a peer role, resourcing a formal mechanism for consultation and engagement with survivor advocates to ensure this work is genuinely co-designed, as well as coordination and administration of the Experts by Experience Grants Program.

We seek discrete funding of \$480,000 across four years to establish and embed this work in a way that will become self-sustaining.

Data capability

Additional capacity is required to continue to engage the sector in the Measuring Family Violence Service Demand Project, developing and participating in data collection systems to monitor and predict future demand for services, including through working together with the broader system, particularly the Orange Door, to map the client pathway.

The data work done to support this submission shows that there is a lack of cohesive data reporting on agreed key indicators consistent across the service sector. This gap means that the service sector as a whole cannot clearly see how clients come into the system, how they move around and where the blockages are.

Our data capture has identified extensive waiting periods for service extending from 14-30 days, but we do not have data that explains how people are triaged and serviced during their waiting time, whether they seek service through multiple pathways, and how decisions are made to provide a service to one client and not another, and finally how service support meets their needs and supports a reduction in violence.

The ask is for funding to extend our data indicator trial to: confirm key data indicators, trial further models of data collection of these indicators, and further align the service sector data with that collected by The Orange Door and HDC. Having a wholistic robust, consistent and complimentary data indicator collection and monitoring system will assist in reducing client waiting times for service which flows onto reducing risk of harm to clients, earlier intervention and the likelihood that greater numbers of clients will be able to access a service. With this knowledge, service system staffing levels and projections can be better managed to improve working conditions and reduce staff burn-out.

We seek an increase of \$150,000 per annum in Safe and Equal's core funding to continue to support our work in building data capability.

Key Ask 8. Peak body coordination, support and capability building

We call for an **uplift in the core funding of Safe and Equal of \$1.95 million per year, to support sector coordination, support and capability building**. This investment will bolster the specialisation of the sector and ensure that our responses are fit for purpose for *all* victim survivors of family violence.