

MEASURING FAMILY VIOLENCE **SERVICE DEMAND AND CAPACITY**

An emerging picture of the specialist family violence sector

December 2023

Acknowledgement of Traditional Owners

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

Honouring Victim Survivors

Safe and Equal acknowledges the strength and resilience of adults, children and young people who have experienced family violence and recognises that it is essential that responses to family violence are informed by their expert knowledge and advocacy. We pay respects to those who have not survived and acknowledge the lasting impacts of this preventable violence on families and communities.

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Author: Ella Longhurst, Policy and Research Officer

Key Contact: Tania Farha, CEO

About Safe and Equal

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

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

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

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

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

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

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Introduction

In the years following the Royal Commission into Family Violence, Victoria's specialist family violence service system has undergone a rapid expansion. Despite this, findings from [Phase Two of the Measuring Family Violence Service Demand](#) project, alongside reports from Safe and Equal's member services and survivor advocates, indicate that victim survivors are waiting too long for the help they need; are presenting with higher levels of family violence risk; and continue to face complicated barriers to accessing support. Furthermore, while all victim survivors should be able to access the family violence support they need, when they need it, the limited availability and capacity of targeted services means that priority communities face additional barriers to having their needs met, further contributing to their systemic exclusion from the service system.

This report summarises data collected through Safe and Equal's 2023 Demand and Capacity Survey and builds on a broader program of demand and capacity measurement work in recent years. This is part of an ongoing effort to develop a clearer, statewide picture of if and how the family violence system meets victim survivors' needs; if services are resourced adequately to respond to growing demand; and, ultimately, whether and how specialist supports contribute to safe and just outcomes.

The 2023 Demand and Capacity Survey was conducted between March and May 2023, and received 41 responses from specialist family violence case management services. Of the 41 responses received from services, five were targeted family violence services¹, (which we understand represents all targeted family violence services funded in Victoria) and two were Aboriginal Community Controlled services². Due to the small sample size from Aboriginal Community Controlled Organisations, this data is not considered representative but is included to reflect the experiences of those who responded.

Safe and Equal would like to thank our members who responded to this survey and participated in ongoing consultation to further inform the findings outlined in this report.

¹ The Code of Practice for Specialist Family Violence Services defines 'targeted family violence services' as: "specialist family violence services or programs, either at the statewide or local level, that provide support for victim-survivors from specific communities, such as multicultural communities or ethno-specific groups, LGBTIQ communities, older people and people with disability" (p.19).

² The Code of Practice for Specialist Family Violence Services defines 'Aboriginal Community Controlled Organisations' as "a range of Aboriginal specialist family violence services located within Aboriginal Community Controlled Organisations, or programs in community health services or local family violence services. Depending on the type of organisation and funding contracts, these services provide different responses such as case management, accommodation, therapeutic programs, and other tailored programs for their client group" (p.19).

Key insights

1. A significant proportion of victim survivors are choosing to access services directly, rather than through The Orange Door network:
 - 61 per cent of services reported accepting direct referrals
 - 41 per cent of services reported over 20 per cent direct referrals
 - A quarter (25 per cent) of services reported that direct referrals were 41 per cent or more of their total family violence referrals (N=27).
2. Victim survivors seeking case management support beyond a brief or intermediate response are experiencing notable wait times³:
 - Of those services operating a waitlist or active hold function, the most common wait time reported was 14–29 days
 - Wait times varied depending on individual family violence risk.
3. Specialist family violence practitioners spend significant time undertaking activity critical to supporting victim survivors that is not captured in current targets or reporting, and therefore not adequately funded:
 - Nearly half (46 per cent) of services operate an active hold or waitlist function, which involves administrative and direct client engagement activity
 - The most common form of support offered to victim survivors on these waitlists was a weekly phone call to check in
 - The quarter (25 per cent) of services who reported that direct referrals were 41 per cent or more of their total family violence referrals also reported doing significant amounts of intake work.
4. Case management support periods vary greatly, ranging from one week to six months:
 - The most reported length of case management support was between one to three months.
5. The most common caseload range for practitioners was between 9 to 11 cases:
 - 47 per cent of services reported practitioners' average caseloads were greater than 12
 - Higher caseloads were more common for services that are an Orange Door partner, with 76 per cent of partner services reporting caseloads higher than 12

³ The Multi-Agency Risk Assessment and Management Framework (MARAM) outlines that a 'Brief Assessment' is for time-critical interventions. A Brief Assessment is designed to identify serious risk factors associated with an increased likelihood of the victim survivor being killed or nearly killed, to assess the seriousness of risk and inform short term risk management. Furthermore, MARAM defines an 'Intermediate Assessment' as designed for services and service providers who will take the first steps in risk assessment and risk management, or to be used to monitor risk over time. It includes further questions in addition to those in the Brief Assessment. Professionals who use the Intermediate Assessment may have a short-term or ongoing relationship with a client, and can work with other services to contribute to the Comprehensive Assessment.

- Services reporting a majority entry-level case management team tended to hold average caseloads sitting at about 10 and going up as high as 30.
6. Specialist family violence services report high staff vacancies and a high proportion of entry-level staff:
- 76 per cent of services who are Orange Door partner agencies reported staff vacancies within their service
 - 45 per cent of services who are Local Family Violence Services⁴ reported staff vacancies
 - 29 per cent of services reported that most of their family violence case management team were entry-level staff.
7. Targeted family violence services are under more pressure than other specialist family violence services. This also reflected in the experiences of the two Aboriginal Community Controlled Organisations that responded. Those who participated in the survey reported:
- Higher average caseload ranges compared to other services
 - Higher percentages of direct referrals.

⁴ Local Family Violence Services also includes Family Violence Accommodation Services in this data point.

Moving through the family violence system

Anyone experiencing or at risk of family violence should be able to access the support they need, when they need it.

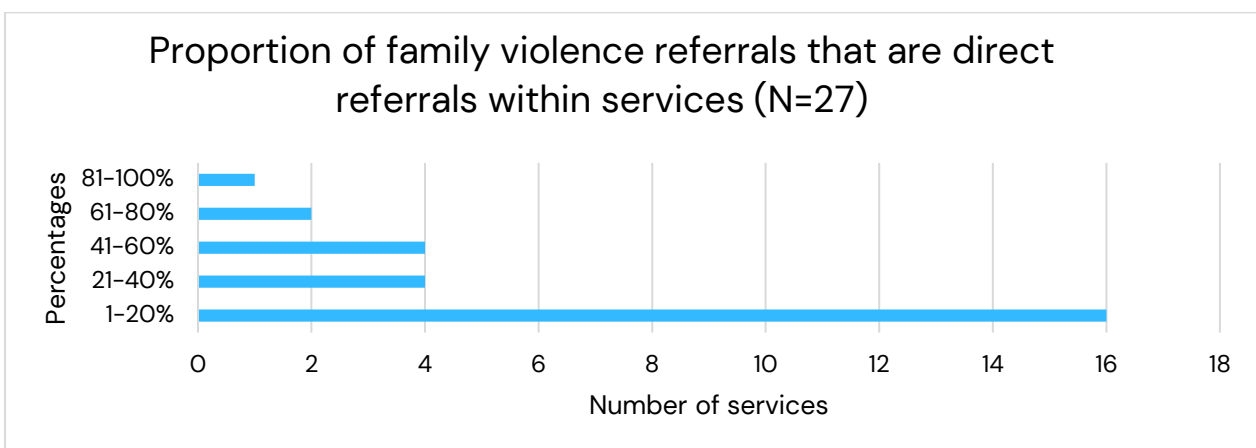
There has been an enormous amount of investment into rolling out The Orange Door model across Victoria. However, there has not been a commensurate increase in funding for the specialist services providing case management, to ensure a smooth flow of referrals. Specialist family violence services and victim survivors are reporting long wait times, victim survivors' circumstances changing substantially by the time they connect with a service, and people dropping out of the system entirely. These blockages can also lead to victim survivors having to repeat their story so a new risk assessment can be completed. It can also mean that victim survivors disengage from a service or are not safe to engage with support by the time a specialist service contacts them⁵.

The 2023 Demand and Capacity Survey captured data on three measures that describe victim survivors' journeys through the family violence system:

- How many services are taking direct/self-referrals from victim survivors as an indicator of how victim survivors are choosing to enter the system
- How long victim survivors are waiting to receive medium to long-term case management support if they are assessed as needing it
- How long victim survivors are likely to receive medium to long-term case management support for, once they access it.

How victim survivors are entering the system

Most family violence services receive direct referrals. Sixty-one per cent of services responding to the 2023 Demand and Capacity Survey currently take direct referrals.



Graph one: Percentage of direct referrals services receive, 2023 Demand and Capacity Survey

⁵ VAGO 2020, 'Managing Support and Safety Hubs', Independent assurance report to Parliament 2019-20, https://www.audit.vic.gov.au/sites/default/files/2020-05/20200527-Support-Safety-Hubs-report_0.pdf.

- All participating targeted family violence services and Aboriginal Community Controlled Organisations that responded to the survey accept direct referrals
- Compared with other family violence services, Aboriginal Community Controlled Organisations reported higher proportions of direct referrals
- Family violence services that are not Orange Door partners reported higher proportions of direct referrals than those that are. Services that are not Orange Door partner agencies (50 per cent) reported 41 to 100 per cent direct referrals
- 44 per cent of services that operate family violence accommodation reported more than 20 per cent direct referrals
- 35 per cent of local family violence services reported more than 20 per cent direct referrals
- Most services that reported 'no' to receiving direct referrals were family violence accommodation services. This is expected, as referrals into refuge are managed via Safe Steps and the Family Violence Crisis Accommodation Register.

The establishment of the Orange Door network was intended to shift intake functions into the Orange Door, leaving specialist family violence services to focus on providing longer-term case management support. However, five years into the Orange Door rollout, specialist family violence services continue to receive significant numbers of direct referrals – reflecting a large portion of victim survivors who are choosing to engage directly with specialist family violence services. Critically, services that receive direct referrals are also performing intake functions alongside longer-term case management activity.

While it is important to have centralised entry points into the system, we need to account for the diverse experiences of victim survivors, and their autonomy in how they want to access support. Research and reports from member services suggest a variety of reasons why victim survivors may choose not to enter the system through The Orange Door, including and especially valid fears of child protection becoming involved due to the presence of Child FIRST within The Orange Door.⁶ Therefore, it is critical to retain a 'no wrong door' approach and to centre client choice across the family violence system. These referral patterns must be accounted for in case management funding, to ensure services are resourced appropriately to undertake intake as part of their case management activities⁷.

⁶ Family Violence Reform Implementation Monitor 2022, 'Monitoring Victoria's family violence reforms – Crisis response to recovery model for victim survivors', <https://www.fvrin.vic.gov.au/monitoring-victorias-family-violence-reforms-crisis-response-recovery-model-victim-survivors>.

⁷ The *Family Violence Case Management Program Requirements* (2021) define case management undertaken by specialist family violence services as incorporating a range of practices, including but not limited to: screening, identification and triage, risk assessment, risk management, safety planning, outreach, advocacy, psycho-social needs assessment, case planning, secondary consultation, co-case management, coordination of services, referrals, exit planning and case closure. Case management is flexible and dynamic, holistic, culturally sensitive, person-centred and strengths-based. Interventions vary in intensity and duration, depending on the risks and needs of all victim survivors in the family group. <https://safeandequal.org.au/working-in-family-violence/assessing-managing-risk/case-management-program-requirements/#>

Waiting to be allocated for family violence case management

How long victim survivors are waiting to access family violence case management support continues to be a concerning question that is difficult to answer.

The 2023 Demand and Capacity Survey collected data on the average wait time for victim survivors to be allocated a case manager. Nearly half (46 per cent) of specialist family violence services operate a waitlist or active hold function. Of those services, the most common average wait time is 14 to 29 days, with risk and support needs the most common factors determining how a waitlist is prioritised.

Long wait times are dangerous and put people at risk of harm. Wait times can lead to victim survivors dropping out of the system, or their circumstances changing substantially by the time they connect with a service, to the extent they may no longer feel safe to engage with a service at all.

Average reported wait times for victim survivors to be allocated to a family violence case manager:

- 1 to 3 days: 23 per cent of services
- 7 to 13 days: 23 per cent of services
- 14 to 29 days: 46 per cent of services

Eighty-six per cent of services that could provide data on estimate wait times were an Orange Door partner agency. Therefore, these reflect wait times from when The Orange Door completes its intake and assessment process until a client is allocated to a case manager in the home agency (N=13)⁸.

These findings present similar data to the Victorian Family Violence Reform Implementation Monitor's 2022 *Crisis Response to Recovery* report. This report showed the average wait time between a referral and having a case worker assigned was 11.8 days across April to June 2022⁶. Furthermore, the report discussed how processes within The Orange Door are taking much longer than expected, leading to bottlenecks for victim survivors waiting to access case management support from specialist family violence services. However, it is difficult to get a clear picture of the current extent of these delays and what is causing them.

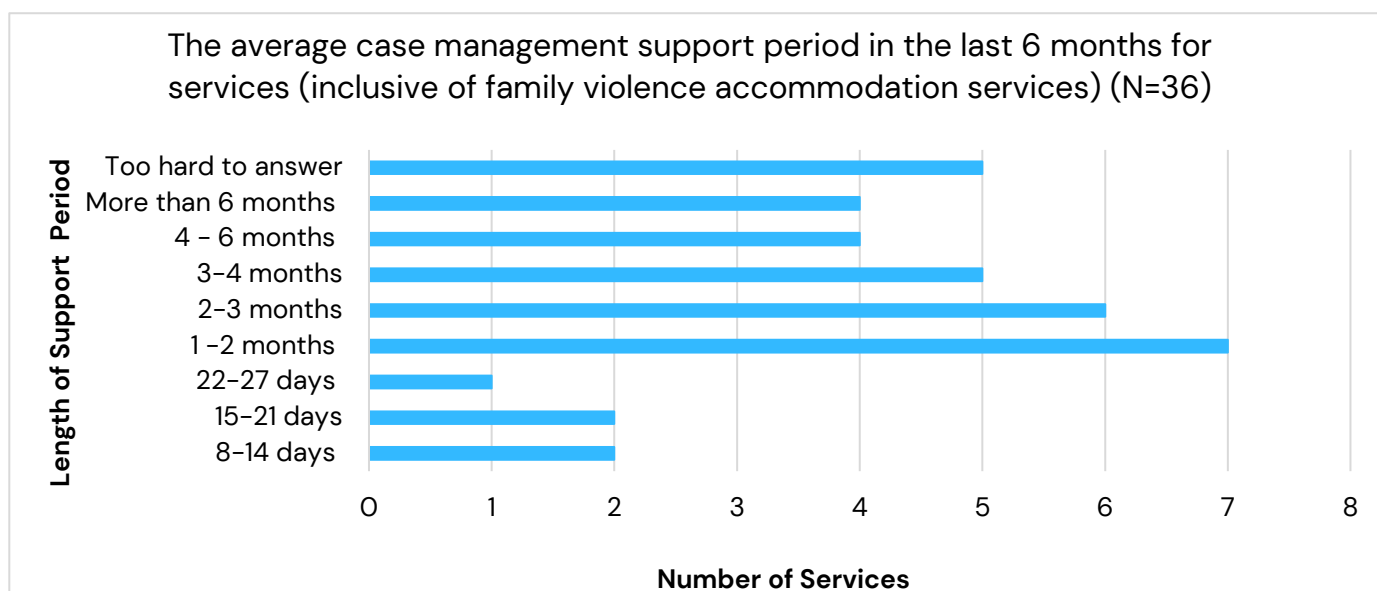
It is important to note that only 30 per cent of participating services provided a response to the question on wait times. This low response rate could be due to the complex, opaque and fragmented nature of our family violence data systems, as waitlist data is inconsistently collected across the state. Without ongoing data sharing strategies between The Orange Door and local agencies, we will continue to see an incomplete picture of victim survivor wait times, further placing victim survivors at risk.

⁸ This claim is made by triangulating percentages of self-referrals reported by these services against whether they are an Orange Door partner agency.

Case management support periods

Case management support period data gives us an insight into the length of time a victim survivor receives direct case management support:

- The top reported average case management support periods were between 1 and 3 months
- For local family violence services, the top reported average case management support period was 1 to 2 months
- For services providing family violence accommodation, the top reported average case management period was 3 to 4 months
- Nearly a quarter (22 per cent) of services with an average support period of over three months were targeted family violence services and Aboriginal Community Controlled Organisations.



Graph Two: Average case management support period in the last 6 months for services, 2023 Demand and Capacity Survey.

- Family violence accommodation services recorded longer case management support periods than other family violence services, accounting for 75 per cent of the average case management support periods of four months or longer
- This lengthened support period is overwhelmingly linked to a lack of long-term, affordable housing options across the state, and the inability to exit clients from family violence accommodation into suitable, longer-term accommodation options. This creates a blockage for victim survivors entering the system who need family violence accommodation, many of whom are then placed in unsafe motels
- The lack of affordable, long-term housing increases demand on services, leads to poor outcomes for victim survivors, and is ultimately costly for the service system and those who use it
- 50 per cent of services reported the main reason for referring clients to the homelessness sector is due to a lack of specialist family violence accommodation options (N=26)
- Services also reported being unable to secure safe and affordable housing without support from the homelessness sector.

According to the *Family Violence Case Management Program Requirements* (2021), best practice case management is person-centred and strengths-based, with responses varying in intensity and duration depending on the risks and needs of all victim survivors in the family group⁷. However, previous [Safe and Equal research](#) highlights the pressure services are feeling to reduce case management support periods as a strategy to manage demand. Practitioners reported that shortened case management periods were a point of stress, as they limit their ability to comprehensively meet the needs of victim survivors. This makes it impossible for case managers to provide long-term, wrap-around case management, and places a greater focus on brief crisis intervention responses, which are less likely to support safe outcomes and long-term recovery.

Case management support period data provides one piece of the puzzle. While this data tells us how long case managers are working directly with clients for, it does not tell us how much or what kinds of support they are providing during these support periods, or whether victim survivor needs are being met.

Furthermore, case management support period data does not provide a full account of the length of time victim survivors may be engaged with services – as it does not include the brief, intensive support that may be provided during intake and active hold or waiting periods. It is important to note that this rapid response to meet immediate needs may not lead to a longer-term case management support period being opened. Thus, while useful, this data does not tell us the full story.

Demand pressures on specialist family violence services

'Demand' refers to the need that victim survivors have for specialist family violence services. Waitlist data suggests that demand for services exceeds supply and capacity.

Case workers undertake extensive work that is not reflected in case management support period data, and therefore not accounted for in current planning and funding models. It is also critical to note that many victim survivors may be in contact with the specialist family violence system and receiving interim support.

The 2023 Demand and Capacity Survey captured data on two measures related to waitlists, to provide an insight into the demand pressures on specialist family violence services:

- Whether services currently operate an active hold or waitlist function in their service
- The most common activities case managers perform while managing a waitlist, to gain insight into the variance of waitlist activity across the state.

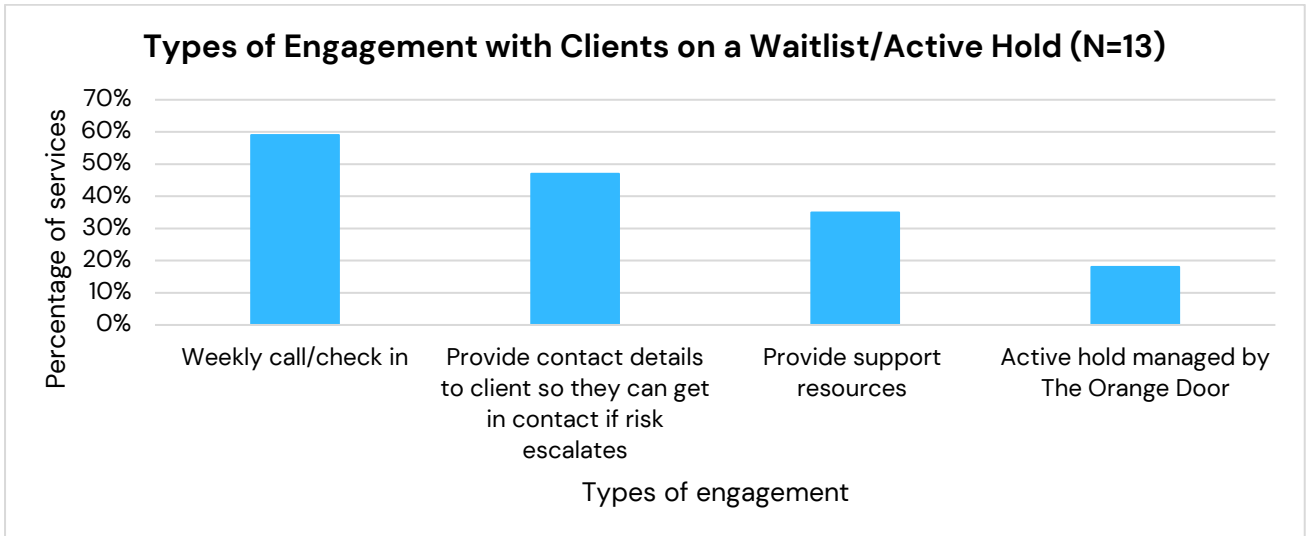
Proportion of services with waitlists

There is considerable variance across the state around the presence and functionality of waitlist and active hold strategies:

- 46 per cent of specialist family violence services currently have an active hold or waitlist function in their service, and 54 per cent of participating services do not (N=37)
- Waitlists were common across both regional and metropolitan services
- The presence of waitlists was common across services that both were and were not Orange Door partner agencies.

The presence of waitlists reflects high demand for services and a sector struggling to keep up under current funding models. In some cases, services are deploying case management staff to work solely on managing their waitlists. However, the absence of a waitlist does not indicate that victim survivors are receiving immediate case management support; in some cases, depending on relationships and agreements established locally, demand may be managed within the Orange Door in the region, while some services have reported having to refuse referrals – effectively turning clients away – when they are at capacity.

Active hold and waitlist support activity



Graph Three: The most common forms of engagement with clients who are on a waitlist/active hold, 2023 Demand and Capacity Survey.

Services provide varying levels of support to people on their waitlists; though this is often invisible in case management reporting, as victim survivors on waitlists do not yet have case management support periods open. The most common active hold activities reported by case managers are listed above.

High demand for specialist family violence services has an impact on managing family violence risk, as service accessibility is often limited to prioritising people experiencing the most imminent risk of serious harm.

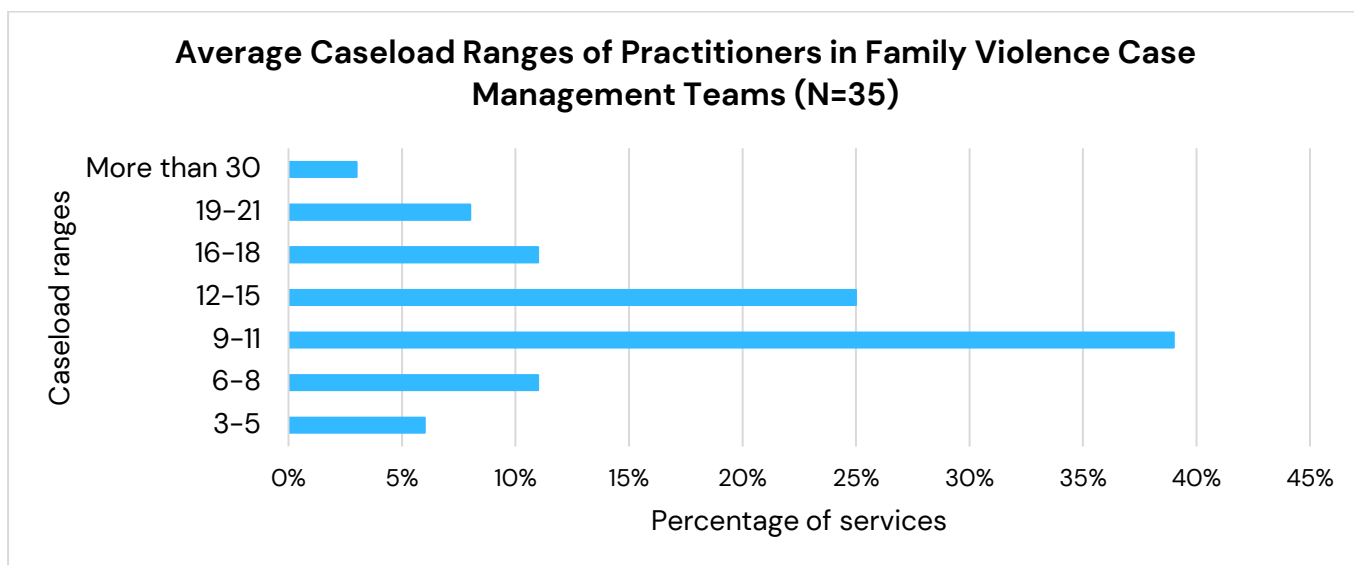
- A small proportion of services reported that some active hold engagement is undertaken by the Orange Door, it is unclear what supports are offered and how consistently this is available across the regions
- 11 per cent of services reported that prioritisation was determined through allocation meetings with Safe Steps and/or The Orange Door (N=13)
- Active hold activity and management of allocations by The Orange Door was more common in metropolitan areas than regional.

Workforce capacity and wellbeing

In addition to funding levels, service capacity is impacted by staffing levels, turnover and leave, as well as workforce capacity and wellbeing. A range of factors across the community services and specialist family violence sectors contribute to whether the specialist family violence workforce is supported to perform optimally. The 2023 Demand and Capacity Survey captured data on three measures influencing the current capacity and wellbeing of the specialist family violence workforce:

- Average caseload ranges and the number of adult victim survivors⁹ who have official family violence case management support periods
- Experience levels of employees as an indicator to measure workforce retention and composition
- Role vacancies as an insight into the ongoing challenge of workforce sustainability in our sector.

Average caseloads for practitioners in family violence case management teams



¹⁰

Graph Five: Average Caseload Ranges of Practitioners in Family Violence Case Management Teams (N=35), 2023 Demand and Capacity Survey¹¹

- The most common caseload range was between 9 and 11
- 47 per cent of services reported practitioners' average caseloads were greater than 12

⁹ As identified in Phase One and Phase Two of the Measuring Family Violence Service Demand projects, caseload ranges often do not reflect the family violence case management work practitioners do with children and young people, as they are often invisible in this form of data collection.

¹⁰ No services reported a caseload range between 22-30. Therefore, it was not included in Graph Five.

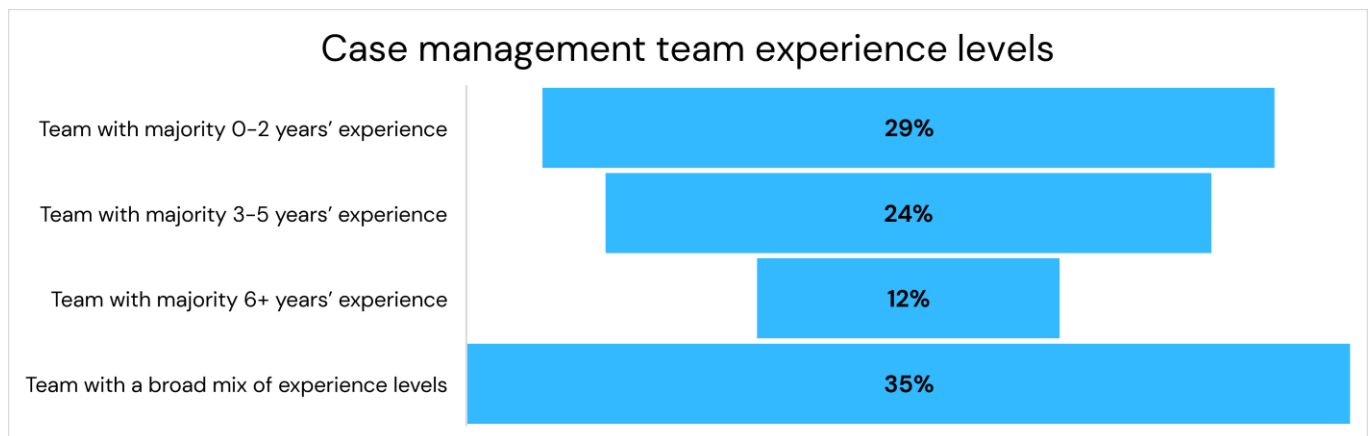
¹¹ 8 services did not provide an answer. Duplicate services operating in different regions were included in this sample.

- Higher caseloads were more common for Orange Door partners than other specialist family violence services, with 76 per cent of Orange Door partner services reporting caseloads higher than 12
- There was no significant difference across metropolitan and regional services regarding caseload ranges
- Targeted family violence services and Aboriginal Community Controlled Organisations reported higher average caseload ranges compared to other services.

It is critical to note that caseload ranges generally do not reflect the support case managers provide to children and young people, who are usually engaged with a service through an adult victim survivor – most often their mother – and less likely to have their own case management support periods opened. We know that case managers continue to do more within their roles than services are funded to do.

While services continue to report high caseload ranges, it is important to note that average caseload data provides an incomplete picture and does not reflect the complexity and nuance of family violence case management or victim survivor service experience. Caseload data also must be considered alongside the level of ability and experience of practitioners to manage that caseload. Furthermore, caseload range data does not provide insight into the additional and compounding system barriers victim survivors may experience, and how navigating those barriers impacts case managers’ activity and time.

Staff Experience Levels



Graph Six: Experience Levels of Staff in Services’ Family Violence Case Management Teams (N=34), 2023 Demand and Capacity Survey

- 29 per cent of services reported that most of their family violence case management team were entry-level, in their first two years of specialist family violence practice
- Services reporting a majority entry-level case management team tended to hold average caseloads sitting at about 10 and going up as high as 30
- Statewide services tended to report teams with a combination of experience levels
- There was no significant relationship between lower caseloads and a team that was predominantly entry-level.

The experience levels of staff and determining what is a 'safe' and 'unsafe' caseload are key indicators of workforce sustainability. We know from services that the family violence sector is experiencing a critical workforce shortage, and that the employment and retention of senior staff continues to decline. These shortages are due to a multitude of factors, including short-term contracts creating insecure work; inadequate pay; limited career progression pathways; and exceeding levels of demand that contribute to fatigue.

Role vacancies

- 57 per cent of all participating services reported vacancies within their family violence service¹²
- A quarter (25 per cent) of services had vacancies of more than 20 per cent within their family violence service
- Aboriginal Community Controlled Organisations reported higher vacancies than other family violence services
- Regional services reported higher vacancies than metropolitan family violence services
- It was more common for Orange Door partner agencies to have vacancies than other family violence services
- 76 per cent of Orange Door partner agencies reported vacancies within their family service (including Orange Door and home agency teams)
- 55 per cent of local family violence services – including family violence accommodation services – reported vacancies.

Vacancy rates in specialist family violence services reflect the ongoing challenge of workforce sustainability for our sector. While vacancies remain high across all parts of the sector, they appear to be more common within Orange Door partner services, regional services, and Aboriginal Community Controlled services. This likely reflects the added challenges of recruiting and retaining skilled and experienced specialist practitioners in rural and regional areas, where there are workforce attraction and recruitment issues across a range of sectors; and of attracting and developing specialist family violence practitioners with Aboriginal and Torres Strait Islander cultural knowledge and lived experience.

The *Family Violence and Sexual Assault Workforce Pulse Survey Report 2022* listed staff vacancies as the most significant challenge in the workplace. Furthermore, amongst those who identified vacancies at work, 50 per cent stated that staff vacancies had a 'high' or 'very high' impact on their team's ability to meet service delivery targets¹³. Alongside staff vacancies, caseloads were also listed as a common barrier, preventing staff from performing optimally. Safe and Equal's 2023 Demand and Capacity Survey presents similar findings.

¹² It is important to note these percentages are estimates and provide an approximate percentage of staff vacancies, due to the way the data could be analysed against number of positions and staff vacancies.

¹³ Family Safety Victoria 2023, 'Family Violence and Sexual Assault Workforce Pulse Survey Report', <https://www.vic.gov.au/family-violence-and-sexual-assault-workforce-pulse-survey-report>.

Conclusion

Responses to the 2023 Demand and Capacity Survey highlighted some of the critical pressures impacting demand on services, as well as their capacity to respond. Alongside high rates of family violence, victim survivors continue to face complex barriers to accessing the support they need, when they need it. In response, specialist services have implemented a range of strategies, including triaging victim survivors to prioritise those most at risk; implementing waitlist and active hold functions; and increasing caseloads for case managers – despite many teams being comprised of predominantly new practitioners.

Effectively, this means specialist services are delivering beyond what they are resourced to do – and this comes at a cost. Victim survivors are waiting to access services; practitioners are fatigued; and the system is oriented towards a crisis response that limits capacity to support long-term recovery and leads to victim survivors re-presenting to services, again and again.

It is well established that the specialist family violence sector is experiencing a critical workforce shortage, with the engagement, development and retention of experienced and senior practitioners declining. These shortages are due to a multitude of factors, including insecure funding arrangements precluding long-term employment contracts; inequitable pay and conditions in comparison to other industries; limited career progression pathways and wellbeing support; and escalating demand. All these issues contribute to workforce fatigue, burnout, and attrition. The specialist family violence workforce is currently operating at a level of unsustainable capacity, and this not only has severe implications on practitioner wellbeing, but it also creates additional barriers to victim survivors accessing support and achieving safe outcomes.

This report utilises service-level data on demand and capacity and, while these are key measures, they cannot be relied on to provide a full picture of the service system and the people who engage with it. This report provides a piece of the puzzle, with much more work required in this space, including more direct engagement with victim survivors and targeted data collection across different parts of the service system.

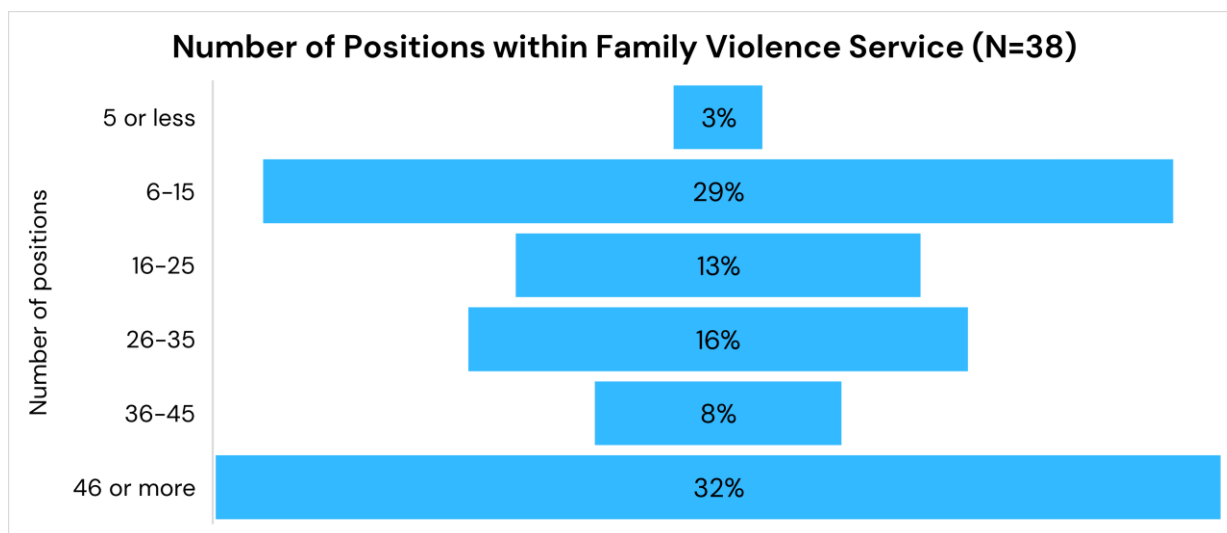
Appendix A: Survey methodology

The 2023 Demand and Capacity Survey was open to all Safe and Equal members operating specialist family violence services – a group of service providers whose shared role is to work directly with victim survivors providing dedicated resources and advocacy to promote their rights and respond to their safety and support needs. The survey was opened between 22 March–8 May 2023. Forty-one responses were received, including multiple responses from services who operate across different DFFH regions. The rate of responses represented sixty-eight percent of Safe and Equal's full members. Responses were received from services across metro and regional Victoria, targeted family violence services and Aboriginal Community Controlled Organisations.

Responses included:

- Five targeted family violence services – which we understand to represent all funded targeted family violence services in the state
- Two Aboriginal Community Controlled Organisations
- 18 services providing family violence accommodation services
- Six state-wide services
- 12 services operating in regional areas
- 19 services operating in metropolitan areas¹⁴

Response Types for the Demand Survey included:



Graph Seven: Number of positions within specialist family violence services, Safe and Equal Demand Survey 2023

- Targeted family violence services and Aboriginal Community Controlled Organisations tended to report having 25 or less positions within their family violence service.
- Most (85 per cent) services with 35 or more positions within their family violence service were an Orange Door partner.

¹⁴ N=37 for the total number of services who answered their geographical location. Where services operate in both metropolitan and regional areas, they appear in both metropolitan and regional counts.

- There was not a significant difference across metropolitan and regional services with less than 35 family violence positions within their service.