



Last updated: 8/11/2021

## FREQUENTLY ASKED QUESTIONS

### About the Project

Our sector has been underfunded for decades, and demand is ever-increasing as the pathways into specialist services continue to increase. We know this is leading to greater risk and vulnerability for victim survivors in the community, driving burn out for our valuable specialist workforce and making it difficult for services to provide the specialist support so desperately needed.

The Measuring Family Violence Demand Project aims to capture and quantify current unmet demand within specialist family violence services, including the increasing complexity and severity of cases, and the impact this has for victim survivors and the workforce. This project will provide the evidence required for an airtight business case to submit to Treasury for increased, adequate, and sustainable funding from government.

To build the business case, we need to demonstrate the extraordinary work that **specialist family violence practitioners performing case management activities** undertake to meet the needs of clients in terms of diversity of tasks, complexity of cases and time required to do the work. **This information is not recorded anywhere in the service system and therefore so much of the work done by the specialist family violence services is currently invisible.**

Building on our [2021 state budget submission](#), DV Vic and DVRCV contracted Dr. Kristin Diemer from the University of Melbourne to develop a data collection methodology for the sector to measure service demand for specialist FV services. **The model includes a data collection tool, in the form of an online survey for practitioners to complete over the course of two 2-week data capture periods.** The data collection will take place at service and practitioner levels across all Specialist Family Violence Services who deliver direct case management services.

- **Data Capture One: 18.10.21 - 31.10.21**
- **Data Capture Two: 15.11.21 - 28.11.21**

**The data collection tool** is designed for practitioners to answer a series of questions and log **every client contact/case management activity, every day, over a two-week period.** This will capture the nature and workload of family violence workers by measuring the number and range of case management activities, and for some activities, estimate the time it takes to do things. **We will not be able to track individual clients or workers with this data.**

We are also requesting **service level data** over these two x 2-week periods from Team Leaders / Managers. This will include information about waitlists, service target allocations, staffing levels and anything else that might help to understand limitations in being able to respond to larger numbers of clients. We will request an extract of data from your current data systems **once at the end of each**

**two-week data snapshot.** The information can be entered into an online, cloud-based [data collection tool](#) [note, this is only for input from service management].

We invite you to participate and document the hard work you deliver every day for victim survivor safety and wellbeing with the resources available. We know this project is a heavy lift for our member services and front-line workers and could not be coming at a more challenging time. We also know that we do not have the option to delay this critical work, and that this is the only way we can demonstrate the need for further funding. Without this data we are not going to move the dial on the government's approach to this funding – which we all agree is not adequate or sustainable.

Following these data capture periods, the project team will analyse the data and report back to members the key insights.

### **Who is contributing data?**

The Measuring Family Violence Demand project invites all core members of DV Vic and DVRCV, specialist family violence services across Victoria, to participate in this data collection. Our data sample is specialist family violence services providing case management support across Victoria. We aim to collect data at both practitioner and service levels.

Firstly, we are collecting data from **individual practitioners who work in case management or other staff that perform case management activities** to capture **every client contact/case management activity, every day, over two 2-week periods**. We are asking practitioners to log every client related activity such as (but not limited to) service intake, referral follow-up, or general enquiry recorded throughout their day. Since we are trying to capture complexity and workload, if a client is seen by multiple practitioners, each practitioner must log the activity into the tool. If a child is requiring a service, a separate log should be made for the child.

Secondly, we aim to collect **data at service level** to capture current staffing conditions and additional information on the overall capacity of services. This data will be extrapolated by either Team Leaders, Managers or Data Analysts. This data will be collected **at the end of each data collection period** and provide a 'snapshot' over the assigned two-week period on staffing levels and additional capacity information.

This data collection **will not** include The Orange Door, as this is a piece of advocacy focused on long-term, sustainable funding for specialist family violence services. If your service has practitioners operating in an Orange Door we are not requesting them to record their work using this tool. DV Vic and DVRCV have negotiated with Family Safety Victoria (FSV) for the provision of complementary data from The Orange Door operating during the time of data collection.

## What do practitioners need to do?

The [data collection tool](#) is an online form. Practitioners can click on a link and answer a series of questions relating to the activities and administration undertaken during their day. We encourage practitioners to complete the questionnaire after every client contact/completion of each set of case management activities, every day over two x 2-week periods.

### DATA CAPTURE PERIODS

We are collecting data for the Measuring Family Violence Service Demand Project across two periods:

Data Capture One	Data Capture Two
18.10.21 UNTIL 31.10.21	15.11.21 UNTIL 28.11.21

We are interested in measuring the quantity and complexity of the tasks and activity you do in your case management work, regardless of the number of clients you support.

**EVERY CLIENT YOU PROVIDE SUPPORT FOR ON A GIVEN DAY = A NEW ENTRY IN THE DATA TOOL**

Depending on the amount of activity being recorded, completing an entry in the tool takes approximately

**2-9 MINUTES**

**QUICK TIP:** Practitioners can either log each activity as they go OR tally their activities for each client throughout the day and submit one entry per client before the end of your shift.

### LOGGING ACTIVITY AS YOU GO:

- You consult with a client, conduct a risk assessment, and then contact another service to make a referral for them. Having completed those tasks, you log an entry into the data tool for this client.
- You follow up some secondary consultations for another client, who you don't have any direct contact with on this day. When you've completed the secondary consultations you log an entry into the data tool for this client.
- Later, the client you consulted with earlier calls to confirm some of the information received and referrals. You would then log another entry into the data tool capturing this additional activity for the first client.

### TALLYING ACTIVITY THROUGHOUT YOUR SHIFT:

- You consult with a client, conduct a risk assessment, and then contact another service to make a referral for them. Knowing that you have some further follow up around this client later in the day, you note the activity to log into the data tool at the end of your shift.
- You follow up some secondary consultations for another client, who you don't expect to provide any further support for on this day. When you've completed the secondary consultations you log one entry into the data tool for this client.
- Later, you follow up with the first client from earlier in the day, or progress some additional work to support them after the earlier call.

Having wrapped up the tasks you intended to do for this client, you log one entry in the data tool for all activities focused on this client on this day.

**QUICK TIP:**

If you have logged an entry for a client and then end up undertaking further activity to support them on the same day, this would need to be logged as an additional entry in the data tool.

Even if your co-worker has contact with the same client, or provides case management support to them as well...

**EACH PRACTITIONER SHOULD COMPLETE AN ENTRY IN THE TOOL FOR EVERY CLIENT THEY SUPPORT ON A GIVEN DAY.**

Once practitioners become familiar with the tool and how to incorporate it into your workflow, you may find it easier to tally your contacts and activities with clients throughout the day and then enter into the tool at the end of the day. If helpful, you can copy and paste the questions from this [form](#) to log your activity per client, and then enter into the online tool at the end of the day. The main priority is for you to find a streamlined way to capture all the work you are undertaking and the time it takes.

We acknowledge that this data entry is an onerous task on top of your already heavy workloads and that there may be events in which a client's consult is not logged into the tool. However, we encourage practitioners to utilise the tool at their best capacity. The more data we receive, the stronger the business case to Treasury for sustainable funding will be.

**What if I have multiple contacts with the same client in one day?**

We encourage practitioners to log each activity in a manner that suits their workflow. You may find it easier to log each activity as you go or tally your contacts throughout the day and then enter it into the tool at the end of the day.

**Do I enter data for case management provided to children separately?**

Yes. If you are providing a service to that child, we encourage you to log that activity separately.

**If my co-worker has contact with the same client, or provides case management support to them as well, should they use the tool?**

Yes, your co-worker should enter their own activity log in order to account for the service they provided.

**Should I use the tool if I have contact with a victim survivor who is not assigned to me for case management?**

Yes, as we are trying to capture the volume of work undertaken by practitioners and not individual caseloads.

**I am not a case management worker but I am performing case management activities, do I use the tool?**

Yes. If you are undertaking case management activities such as providing interim support to clients while they are on an 'active hold', these activities should be logged into the tool.

**Are there privacy or safety issues for victim survivors?**

This project is targeted at collecting data on the nature and volume of work that is currently being undertaken by practitioners. The data collection tool utilises the MARAM Risk Assessment Tool characteristics to gather general demographic data. The tool does not require entry of any specific identification information on clients.

DV Vic and DVRCV acknowledge that safety remains the top priority and we do not expect you to enter data at the expense of managing the safety and risk of the clients you work with.

**Are there privacy or safety issues for practitioners using the tool?**

Individual practitioners will not be identifiable in the data collection process. However, the tool will ask what organisation you work for us to explore the data by agency, region, and whether you are a rural or urban service.

This data collection will not be measuring the quality of practice or track individual staff performance.

This data collection is intended to highlight and measure the invisible demands that practitioners are undertaking to meet the needs of their clients in an overburdened system

### **Who will own this data?**

- DV Vic and DVRCV will own the data and will make it available to member organisations. The data will be aggregated in a number of ways to support advocacy including by service type and catchment.

### **Resources to support practitioners and member services**

- [The project page on the DV Vic website](#) provides information about the project and the tool, which will be frequently updated throughout the duration of the project. This includes:
  - This Data Collection Tool Cheat Sheet and Frequently Asked Questions resource
  - Data Collection tool “how-to” video
- The FV Data Helpdesk ([ellalonghurst@dvvic.org.au](mailto:ellalonghurst@dvvic.org.au)), where services and practitioners can resolve questions and issues, and provide feedback (7:00 am – 7:00 pm). Whilst we are not a twenty-four hour service, if you require assistance outside of the business hours 7:00 am – 7:00 pm Kristin Diemer ([k.diemer@unimelb.edu.au](mailto:k.diemer@unimelb.edu.au)) will provide assistance as best she can outside of business hours.
- If you are experiencing IT issues such as not being able to access the data collection form through the link, please first contact your organisation’s IT support. If the issue cannot be resolved through your IT channel, please contact [ellalonghurst@dvvic.org.au](mailto:ellalonghurst@dvvic.org.au).

## GLOSSARY

Term	Definition
<b>Actively seeking a service</b>	Can be broadly interpreted as a practitioner responding to something a client has requested, or the practitioner determined in the course of working with the client that a service is needed.
<b>Number of days between intake and allocation to case management</b>	Refers to the length of time between the core service accepting the referral and them being allocated to a caseworker.
<b>Service intake</b>	<p>Involves the screening, identification, and triage processes used by specialist family violence services to identify or confirm whether an individual or family is at risk of family violence and in need of specialist support. The process determines a service response based on each adult and child victim survivor's identified risks, needs and unique circumstances.</p> <p>The screening and identification process where you have received a referral or self-referral and you assess the situation and need of family violence service.</p>
<b>Referral follow up</b>	<p>A referral is the process of referring a client to a program or other service in order to support them according to their needs.</p> <p>A referral follow up is the formal process of checking the results or outcomes of that referral.</p>
<b>General enquiry</b>	A service or client makes contact and they want information about your service or it could be enquiring about your referral process.
<b>Case management initial consultation</b>	<p>Case management includes a range of practices including screening and intake, risk assessment, risk management, safety planning, crisis responses, outreach, advocacy, psycho-social needs assessment, goal setting, coordination of services, referrals, exit planning, case closure. Case management is person-centred and also includes the actions undertaken by practitioners to provide emotional support and counselling.</p> <p>Initial consultation specifically covers the first appointment in developing a case plan which</p>

	comprises the goals related to risk management and other support needs.
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Term	Definition
<b>Case management ongoing</b>	The development and follow through of an established case or risk management plan to support the needs of victim-survivors.
<b>Outreach support</b>	Flexible service delivery to support victim survivors in their place of living, their communities, and other settings. For instance, going to court or with victim survivors to appointments, etc. can be also part of doing outreach work.
<b>Opening a case file</b>	In relation to opening a support period for a victim-survivor.
<b>Crisis support</b>	The support provided to victim-survivors in crisis situations, assessed to be at 'serious risk' and/or at a family violence crisis point from risks posed by perpetrators. This support may include temporary alternative accommodation, crisis accommodation, outreach, or a referral to another service such as mental health or AOD.
<b>Comprehensive risk assessment</b>	Designed for use where family violence has been established and a professional has specialised expertise to undertake comprehensive family violence risk assessment and management. Comprehensive Assessment can be completed for an adult or a child victim survivor. Comprehensive Assessment addresses all evidence-based risk factors, including serious risk, current and historical experiences of family violence, and other factors relevant to an individual's needs and barriers.
<b>Intermediate risk assessment</b>	Designed for services and service providers who will take first steps in risk assessment and risk management, or used to monitor risk over time. It includes further questions, in addition to those in the Brief Assessment. Those 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 Comprehensive Assessment.



Term	Definition
<b>Brief risk assessment</b>	<p>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. Brief assessment should be used by frontline staff and critical responders when:</p> <ul style="list-style-type: none"> <li>• There is limited time to engage with an individual</li> <li>• It is not safe to seek further detail about the family violence beyond high risk factors</li> <li>• It immediately follows an incident</li> <li>• It is crisis intervention</li> </ul>
<b>Safety plan</b>	<p>Process of implementing a strategy or identifying steps to be taken, subject to timelines agreed with relevant parties, to reduce the likelihood of future family violence occurring and ensure safety for the victim-survivor/s.</p>
<b>Information sharing</b>	<p>The exchange of information between specialised workers to reduce the burden on victim-survivors to retell their stories and chase-up service responses. This involves seeking consent to securely transfer case information, including current risk assessments, safety plans, and other risk management actions, to other agencies involved in coordinated responses. Information sharing is an action undertaken by practitioners whether they are actively managing or not.</p>
<b>Therapeutic support</b>	<p>The delivery of any therapeutic intervention or program.</p>
<b>Accommodation request</b>	<p>Any accommodation related activity including emergency accommodation.</p>

Term	Definition
<b>Secondary consultation</b>	<p>A process whereby a practitioner either seeks advice or provides advice to another service/practitioner for a range of reasons including:</p> <ul style="list-style-type: none"> <li>• assessing and analysing family violence risk</li> <li>• developing a risk management plan</li> <li>• determining information about a perpetrator;</li> <li>• understanding the needs and circumstances for people from diverse communities and age groups;</li> <li>• providing responses to address the specific safety and wellbeing needs of infants, children, and young people; and</li> <li>• determining if a referral is appropriate</li> </ul>
<b>Co-case management</b>	Co-case management with services that specialise in working with specific and diverse communities and age groups.
<b>Waitlist/Active hold list</b>	A waitlist or active hold list is where new clients are recorded while waiting for allocation of case management. Whilst some services hold a wait list, other services may have an active hold list in order to provide interim support between intake and commencing case management with an assigned case manager.
<b>Other</b>	Any other activity that is not listed. This includes any Covid-19 related support.

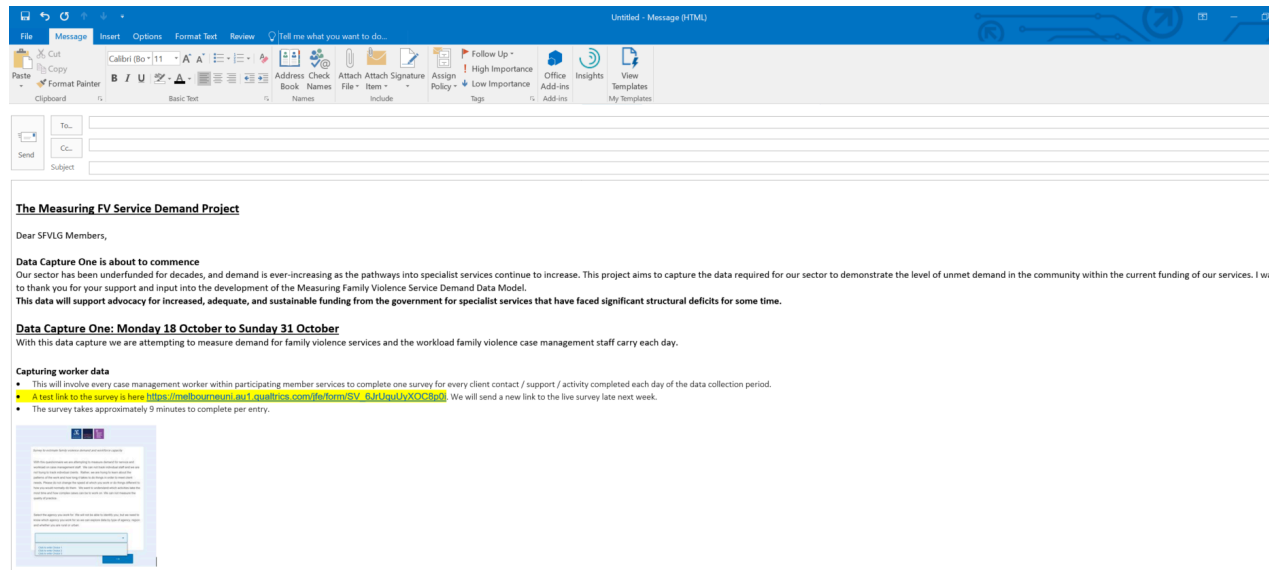
# CHEAT SHEET - HOW TO USE THE PRACTITIONER DATA COLLECTION TOOL

The data collection tool has been developed on a software called Qualtrics and can be accessed [here](#). Depending on the amount of activity being recorded, the tool takes approximately 2 - 9 minutes to complete.

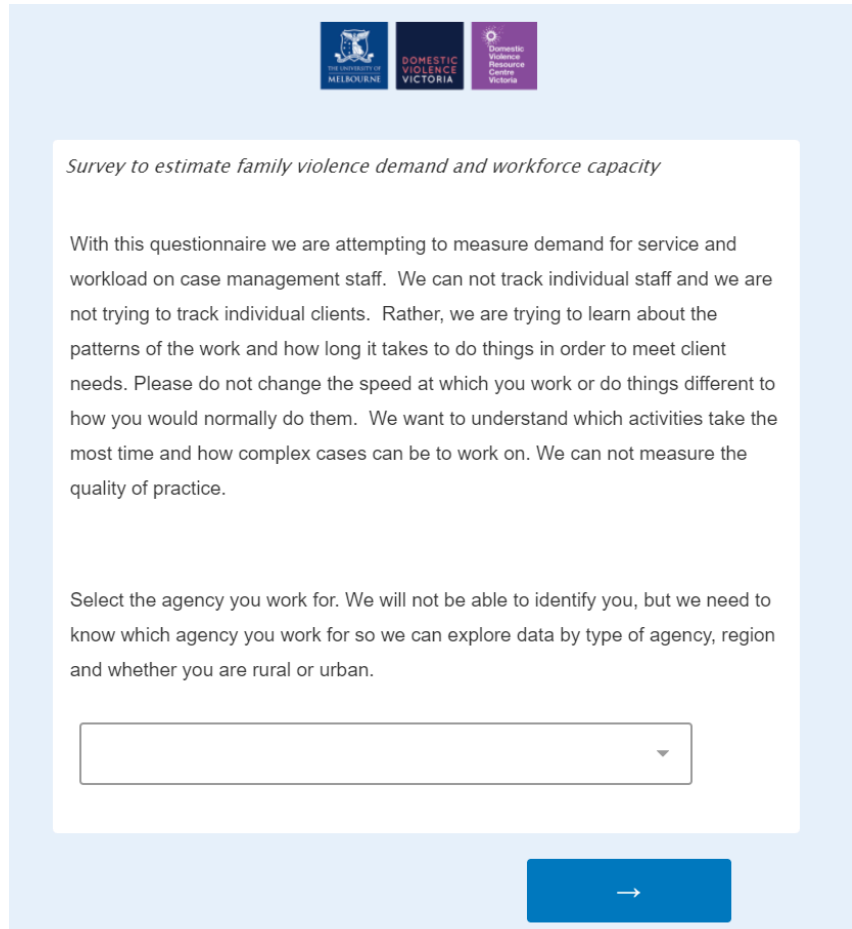
We encourage practitioners to use the tool to account for **every client contact/case management activity, every day, over a two-week period**. You could think of it as a daily client activity report. Please complete this survey for every client contact you have or case management activity you provide each day during the data collection period, including multiple contacts with the same client. You should also include activities you do for information sharing requests.

This cheat sheet will provide an outline of the steps required to log a consult in the tool.

1. **You will receive a link to the tool in your emails from your Team Leaders. The link to the tool is highlighted in yellow below. We recommend either bookmarking the link or archiving the email for easy use. You can access the tool on computers, tablets and smartphones.**



2. Once you click the link of the tool, a web browser page will appear with a drop-down option for select your organisation.



The screenshot shows a web browser page with a light blue background. At the top, there are three logos: the University of Melbourne, Domestic Violence Resource Centre Victoria, and the Domestic Violence Resource Centre Victoria. Below the logos, the title of the survey is "Survey to estimate family violence demand and workforce capacity". The main text of the survey explains the purpose of the questionnaire and asks the user to select the agency they work for. A drop-down menu is provided for this selection, and a blue button with a right arrow is at the bottom.

*Survey to estimate family violence demand and workforce capacity*

With this questionnaire we are attempting to measure demand for service and workload on case management staff. We can not track individual staff and we are not trying to track individual clients. Rather, we are trying to learn about the patterns of the work and how long it takes to do things in order to meet client needs. Please do not change the speed at which you work or do things different to how you would normally do them. We want to understand which activities take the most time and how complex cases can be to work on. We can not measure the quality of practice.

Select the agency you work for. We will not be able to identify you, but we need to know which agency you work for so we can explore data by type of agency, region and whether you are rural or urban.

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3. The tool will ask you a series of questions in order to estimate family violence demand and workforce capacity. You can use the left and right arrows at the bottom of the screen to move back or forward.

*Survey to estimate family violence demand and workforce capacity*

Is the client actively seeking a service today? (For example, if this is an information sharing enquiry from a different service, this may not include a client seeking a service; or, you might be following-up on something on behalf of the client rather than the client actively seeking a service.)

Yes ☐

No ☐

Do you think that you have already entered data for this client during the data collection period? This might have been today or a different day during the data collection period? Just respond as best you can. This question will assist us in making an estimate of the multiple activities associated with cases during the data collection period.

Yes ☐

Maybe / I'm not sure ☐

No ☐

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4. There will be a few questions that are 'required field', you must answer these questions to progress to the next question.

*Survey to estimate family violence demand and workforce capacity*

\* Please answer this question.

Has this client been referred from another agency / service for this activity today?

Referred by The Orange Door	<input type="checkbox"/>
Referred by another Specialist Family Violence Service	<input type="checkbox"/>
Referred by NON-Specialist Family Violence Service	<input type="checkbox"/>
No other service, client made direct contact	<input type="checkbox"/>
Not applicable, this is a request for information	<input type="checkbox"/>
Not applicable, I have already reported on this for this client	<input type="checkbox"/>
Referred by other? Please write that in below.	<input type="checkbox"/>
<input type="text"/>	

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5. **Once the survey is complete it will be recorded, and you will see the completion page. Unfortunately, you cannot go back once a log is complete.**

This is part of the privacy settings, so the record does not track who has entered the data.



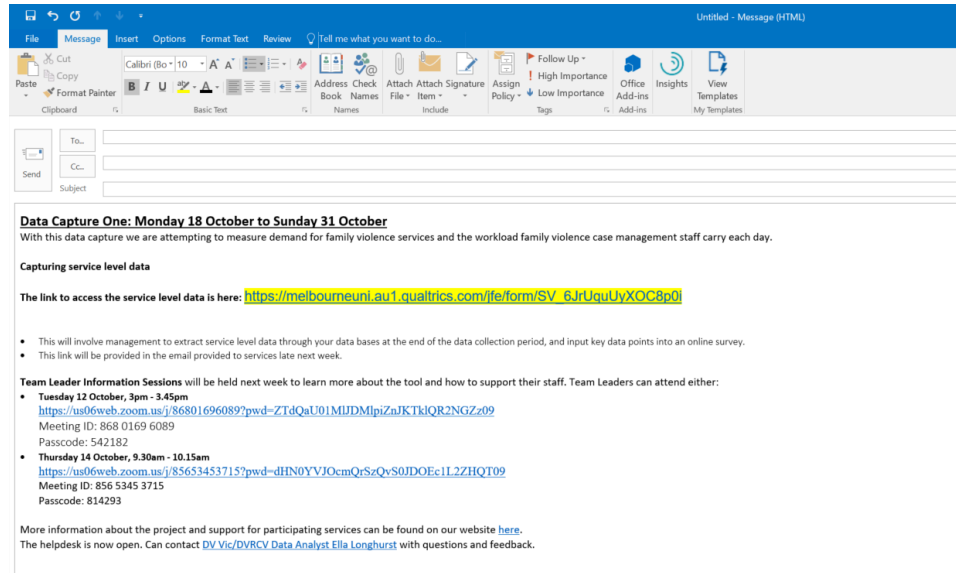
## CHEAT SHEET - HOW TO USE THE SERVICE LEVEL DATA COLLECTION TOOL

The service level data collection tool has also been developed on Qualtrics and can be accessed [here](#). This tool will be used by **Managers or Team Leaders once at the end of each data capture**. The tool follows a similar methodology to the practitioner tool. A list of the service level questions can be accessed [here](#). However, the length of time it takes to use the tool will be dependent on the capability of your internal data systems. The purpose of this data collection is to collect a 'snapshot' over the assigned two-week period on staffing levels and additional capacity information. There will also be comment sections for Managers to include any qualitative data that may be relevant such as the impacts of The Orange Door on caseloads.

This cheat sheet will provide an outline of the steps required to log a consult in the tool.

- 1. Team Leaders will receive a link to the tool in your emails from DV Vic / DVRCV. The link to the tool is highlighted in yellow below. We recommend either bookmarking the link or archiving the email for easy use. You can access the tool on computers, tablets and smartphones.**





2. Once you click the link of the tool, a web browser page will appear with a drop-down option for select your organisation.



*Survey to estimate family violence demand and workforce capacity*

Q0.

These questions are to be completed at the end of the two-week data collection period. Please respond to these questions thinking about the case management clients seen at your service in this two-week data collection period.

Q1. Select the agency or service this data applies to.



For questions or assistance please contact: [ellalonghurst@dvvic.org.au](mailto:ellalonghurst@dvvic.org.au). We will do our best to respond quickly between the hours of 7am-7pm. After hours requests may be delayed.

3. The tool will ask you a series of questions which will require Team leaders to extract data from their current systems. The questions will focus on staffing levels and other additional capacity information. Please enter this information in numerical format. You can use the arrows at the bottom to move backward or forward.

*Survey to estimate family violence demand and workforce capacity*




Q3. To understand how services are meeting demand, please enter some information about target allocation of case management clients during this data collection period (the past 12 days: October 18 through October 29)?

What was the target allocation? Enter number:

What was the number exceeding targets? Enter number:

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4. Some questions will provide a text box for additional information if Team Leaders want to provide further clarification or context to an answer.



*Survey to estimate family violence demand and workforce capacity*

Q7. What is the most common reason why clients are on the waitlist / active hold list?

Case allocation is full

They have a lower risk profile and empty places fill-up with higher risk clients

Other reason - please describe below

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For questions or assistance please contact: [ellalonghurst@dvvic.org.au](mailto:ellalonghurst@dvvic.org.au). We will do our best to respond quickly between the hours of 7am-7pm. After hours requests may be delayed.

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