





# Acknowledgements

The *Future-proofing Safety* consortium respectfully acknowledges the Kulin Nation as Traditional Owners of the land where we operate. We acknowledge Aboriginal and Torres Strait Islanders as the first peoples of Australia. Sovereignty was never ceded, and Aboriginal and Torres Strait Islanders remain strong in their connection to land, culture and in resisting colonisation.

## About Future-proofing Safety

This report is part of the *Future-proofing Safety* project.

Led by the Centre for Family Research and Evaluation (CFRE) at Drummond Street Services, RMIT University's Centre for Innovative Justice (CIJ) and the Australian Institute of Family Studies (AIFS), our project aims to take a system-wide view of service interactions for people who experienced or used family violence during the COVID-19 pandemic. This includes recognising that conventional entry points to support, as well as conventional approaches to service delivery, fell away as practitioners scrambled to support a population in crisis, while simultaneously adapting to changes brought about by the pandemic in their own lives.

The entirety of the project will look at how services adapted, what gaps and weaknesses were surfaced, and how services responded to the crisis. It will also take a future focus by providing tangible recommendations on how we can future-proof Victoria's responses to family violence post-pandemic.

The *Future-proofing Safety* project commenced in August 2021 and is funded by Family Safety Victoria.



2021). This was then compared to what was occurring prior to COVID-19. The two time periods captured new and existing clients that saw services within that time.

The two time periods being compared are:

- 1 April 2018 to 30 September 2019, referred to as "prior to COVID-19"
- 1 April 2020 to 30 September 2021, referred to as "during COVID-19".

Following the quantitative data analysis, each Sector Partner consulted with practitioners to inform the 'organisational responses' component of their case study. Partners were provided with a small number of qualitative questions to guide them in this process. Key questions were:

- What have been the challenges of service delivery in the context of COVID-19?
- How has your organisation responded to COVID-19?
- What key learnings would your organisation like to take into the future?

Finally, all Sector and Consortium Partners came together to workshop the similarities and differences across the case studies, and to identify key findings for further exploration in future components of the research.

## Data Sources

CRM systems were used to identify information about client cohorts including demographics, service use and presenting needs.

Both GenWest and Good Shepherd use the Specialist Homelessness Information Platform (SHIP). This is the client management system used by services that receive government funding for certain programs or services, including family violence programs. SHIP is used to document client and service data such as:

- client needs
- the type(s) and length of support received
- family violence risk and safety planning
- demographic information.

This data is reported to funders and used by agencies to provide and improve services. Data is entered into SHIP at all stages of the client journey: when the referral is received, while support is received, and when support finishes. SHIP has basic data reporting and exporting functions.





# Summary of Findings Across the Three Organisations

The aim of the organisational case studies was to help understand changing client needs and service access in COVID-19. Input of data fields varied across the organisations and not all fields aligned perfectly. However, the data helped to answer the following questions:

- How did people access services during COVID-19?
- What were client needs during COVID-19?

The case studies explore these questions in great detail and provide rich insight into each of the organisations and the presentation and risk of family violence during COVID-19.

## How did people access services during COVID-19?

Across all organisations there was an **increase in brokerage** during COVID-19, which helped meet emergency needs for clients experiencing family violence. Both Drummond Street and Good Shepherd saw increased service access or referrals for material aid. All organisations had an increase in brokerage available.

As each organisation faced lockdowns, **services moved online and outreach services increased**. Drummond Street, for example, saw outreach increase during COVID-19 by 4 times as many clients.

Overall, there was an **increase in clients accessing family violence services**, where GenWest saw a 16% increase in family violence service access and Good Shepherd saw a 51% increase in clients receiving family violence case management. Although Drummond Street clients experiencing family violence remained consistent, the percentage of clients seeking assistance for personal and family safety increased by about 150%.

During COVID-19 **clients were engaged for longer or for more hours**. Good Shepherd saw an increase in contact hours – the average amount of contact hours per Good Shepherd client rose from 48 to 72 hours – and Drummond Street's non-contact hours almost doubled.

Across all three organisations there was a low number of older clients (aged over 55 years) engaged in services. Understanding where older people experiencing or at risk of family





# Case Study: Drummond Street Services

## About Service Delivery

Drummond Street Services is a not-for-profit community service organisation that provides a breadth of support for individuals, families, and the broader community.

Over the time period of this case study (2018 to 2021), Drummond Street provided clients with a broad range of services where family violence was a key presentation, including:

- **Family and Community Services (FACS) programs** – including Family Mental Health Support Services (FMHSS), Family and Relationship Services (FARS) and Family Law Counselling services.
- **Ready Steady Family!** – supporting new parents during the transition to parenthood. The program includes counselling support, parent coaching, groups and seminars and case management support.
- **w-respect LGBTIQ+ specialist family violence service** – including prevention, early intervention, tertiary responses, and recovery (psychosocial) services for LGBTIQ+ people and their families experiencing or using violence.
- **Living Free from Violence/Futures Free from Violence** – providing therapeutic individual and group support for women and trans and gender diverse people using force or violence. The programs are both community and justice facing.
- **Young People Family Violence program** – for adolescents using violence within the home and their families.
- **The Drum** – specialist youth services delivered by and for young people. The Drum operates out of the City of Melbourne and City of Yarra, doing extensive work on the North Melbourne, Flemington, Richmond and Collingwood housing estates. It also provides specialist support for sex and gender diverse young people through Queerspace Youth and the Invisible program for QTPOC (Queer and Trans People of Colour) young people.
- **LGBTIQ+ Suicide Prevention Mentoring Programs** – providing individual and family mentoring and peer support for LGBTIQ+ young people at risk of suicide and their families.



- 94% of clients with co-occurring mental health needs (e.g., depression, anxiety, stress, mental illness)
- 45% of clients experiencing financial insecurity (including economic deprivation and finance-related needs)
- 22% of clients at risk of homelessness
- 51% of clients experiencing social isolation
- 15% of clients with presenting needs related to alcohol and other drug use (e.g., past or present substance abuse).

Financial needs were exacerbated for clients with disabilities, single parented households, people who spoke a language other than English at home and First Nations clients, while LGBTQ+ clients had a much higher risk of homelessness than heterosexual clients. Risk of financial insecurity or homelessness was even further intensified if clients belonged to one or more of these demographic cohorts.

## **Service Access**

During the COVID-19 period, 2,022 clients who accessed Drummond Street experienced or were at risk of experiencing family violence. The average length of support for closed cases from intake to final session was 265 days, with an average of 14 sessions. Within these sessions, clients were predominately provided with:

- counselling [43%]
- advocacy and community capacity building [20%]
- family capacity building [18%]
- outreach [7%]
- information and referrals [7%].

Referrals were poorly captured by the CRM system for both internal and external referrals. There were 257 referrals made internally to other program areas within Drummond Street, and a total of 198 referrals made to external agencies for 157 clients.

Information about where clients were referred to was only collected for 107 clients. The most common referral recorded was 'self-referral' followed by 'another community service agency', 'a GP', or 'a health agency'. As this was only about 5% of the total clients, it makes it an unreliable field.











- 61% (n=38) reported social isolation, which was 1.6 times lower than clients aged under 55 (51%).

Compared to younger clients, clients aged over 55 accessing Drummond Street were less likely to be from single parented households (22% compared to 31%) but more likely to have children (24% compared to 15%).

## Primary Reasons for Seeking Assistance

Clients aged over 55 were less likely to be seeking assistance primarily for family functioning (62% of individuals aged over 55 compared to 68% aged under 55) but more so for mental health (58% of individuals aged over 55 compared to 53% aged under).

## Clients Aged Under 25

There were 946 clients (47%) aged under 25, experiencing family violence and accessing Drummond Street during the COVID-19 period. The majority of clients aged under 25 were children, with the average age being 11 years. Children are more commonly attached to a parent case than they are seeking out services individually.

Compared to clients aged 25 and over, this cohort had a slightly higher risk of homelessness, a lower risk of financial insecurity (which may be a poorly reported field for younger clients), and much higher needs for mental health and social isolation.

## Data Collection Issues

Client needs for those aged under 25 are either poorly completed (e.g., specifically around financial needs of the family) or are more reflective of the parents' service support needs. Notably, there was a reduction of attention to child needs during the COVID-19 period, where there was a reduction in recorded child issues and referrals for child issues (see [Comparisons Prior to and During COVID-19: Co-Occurring Needs](#) on page 29).

## Co-Occurring Needs

Of Drummond Street's clients who were aged under 25:

- 18% (n=17) reported risk of homelessness, which was 1.3 times lower than clients aged 25 and over (22%)
- 35% (n=34) reported financial insecurity, which was 1.6 times lower than clients aged 25 and over (46%)



- 59% [n=362] reported social isolation, which was 1.6 times higher than clients not from single parented households [47%]
- 19% [n=118] spoke a first language that was not English – of this cohort, 70% [n=83] were experiencing financial insecurity and 53% [n=62] were at risk of homelessness.

The adults in this cohort aged over 25 were more likely to be women (88%) and 19% were living with disabilities. Single parents over 25 with disabilities (n=50) had very high rates of:

- financial insecurity – 70% [n=35]
- mental health needs – 100% [n=50]
- experiences of social isolation – 66% [n=33].

## Primary Reason for Seeking Assistance

Clients from single parented households sought assistance for family functioning more frequently than clients not from single parented households [78% and 63% respectively].

## Clients by Gender

Across Drummond Street's adult and child clients, the majority of clients were cisgender [cis] women and girls. Of the adult clients:

- 61% were cis women
- 22% were cis men
- 6% were non-binary
- 3% were trans women
- 2% were trans men.

This fairly high proportion of cis men recorded in the statistics aligns with Drummond Street's service offerings, including:

- specialist family violence support for LGBTIQ+ communities
- a program for adolescents using violence in the home
- programs for women and trans and gender diverse people using force or violence in the home













## Comparisons Prior to and During COVID-19

There were 2,083 clients who attended sessions in the period prior to COVID-19 [1 April 2018 to 30 September 2019], and 2,022 clients who attended sessions in the period during COVID-19 [1 April 2020 to 30 September 2021]. A small number of clients continued from the period prior to COVID-19 into the period during COVID-19.

Overall, Drummond Street's data showed an intensification of risk to wellbeing during COVID-19 compared to the period prior to COVID-19. This was demonstrated by:

- an increase in intensive support and non-contact hours
- clients accessing services predominately for personal and family safety reasons, rather than other issues
- an increase in housing insecurity
- an increase in mental health risk, where there was a large increase in suicide and self-harm risks.

### Service Access

There was a slight increase during COVID-19 in the length of support [7%] and the average number of sessions for closed cases [12%], while there was a small decrease in total clients [-3%].

There was also a reduction in the number of closed cases during COVID-19. This is expected due to the cases prior to COVID-19 having more time to close since attendance in 2018 and 2019, as well as due to the increased need and complexity of cases that presented during the COVID-19 period.



















## Organisational Response

**There has been an increase in the prevalence and severity of family violence across all of Drummond Street's programs and services.** Practitioners across all teams spoke about the increase in family violence risk.

Practitioners have shared examples of COVID-19 being used as a controlling mechanism in some family violence cases, with many people using it to further isolate victim-survivors from their support networks. Other practitioners have spoken about the problems that emerged for families where restrictions meant that abusive partners or parents, who would under normal circumstances be at work, were spending much more time in the home. Many practitioners described the pressure cooker-type situation this creates when families have no *"time away from [the] person enacting harm"*.

Drummond Street practitioners have seen increased barriers and difficulties for people leaving family violence situations, trying to access safety, or trying to seek out supports. While leaving your home for family violence-related reasons was permitted during lockdowns, there was widespread confusion about how this worked, even within the specialist family violence sector.

Some clients received conflicting advice from specialist family violence services during COVID-19 lockdowns. Some were told that they needed to carry an intervention order with them if they were outside during curfew hours or outside the 5km radius from their home. Others were told they just need to tell police why they are out. For many, these obstacles meant that they stayed in unsafe environments longer than they might otherwise have done.

### How Has Drummond Street Responded to COVID-19?

For many practitioners, managing the increased number and complexity of family violence cases has been challenging, with barriers relating to:

**"Staff capacity, larger caseloads of family violence risk alerts, limited capacity to identify locations for safety plans"**

Given this stress of both increased family violence cases and increased complexity of risk and need, the organisation had to think strategically about how to leverage off its existing internal knowledge and expertise in order to provide a nuanced and responsive service to clients.



## Integrated Program Responses

Drummond Street relied on its model for integrated program responses to manage complex family violence risk and need during COVID-19. The organisation's model for integrated practice allows one practitioner to work with the person or people experiencing violence while another practitioner works with the person enacting harm. All work is then overseen and managed by a practice lead who supports this work. Other practitioners may also be brought in to support the case in other areas, such as parenting and child wellbeing.

The integrated program response case coordination and management meetings have been fundamental to how Drummond Street has managed complex risk during COVID-19.

Supervisors and managers have supported teams through providing practice lead knowledge and expertise. This has helped practitioners manage risk and safety issues within the complex environment of COVID-19 and lockdowns.

## Telehealth

Telehealth and the provision of telehealth services has been a key aspect of COVID-19 service delivery. While Drummond Street staff made the incredible transition to working completely online, finding ways of responding to the changing needs of clients and new ways of working, the move to online and telehealth service delivery has not been smooth for all clients.

While telehealth was the main source of service delivery for many of Drummond Street's family violence cases, it has needed to be accompanied by outreach sessions and welfare checks in order to manage risk and complexity.

Practitioners spoke about a lack of privacy due to the presence of other family members negatively impacting clients' help-seeking, their ability to express their needs, and in some cases their safety. Practitioners gave examples where:

- parents or carers have listened in on sessions with young people
- sessions have been intentionally interrupted
- people have not had adequate access to a private space for sessions to be delivered confidentially.

Some people experiencing family violence were simply unable to engage with online or telehealth services during COVID-19 lockdowns, heightening welfare concerns amongst practitioners.



Feedback from clients has highlighted that the program made a huge difference to their lives, by supporting basic needs and ensuring that people have been able to maintain connection with the service.

Drummond Street also supported clients with a wide range of broader brokerage needs, including:

- paying for rent, house deposits or hotel accommodation
- providing food vouchers
- paying removalists or for storage
- paying medical bills and
- providing access to technology to keep people safe and connected to the service.

The ability of the organisation to provide such a huge amount of brokerage was facilitated by:

- additional funds for emergency accommodation during COVID-19
- additional brokerage funding through family violence funded programs
- a concerted effort by the organisation to support people in need, including using its own funds to do so where necessary.





























- 34.2% (n=13) reported compromised mental health, which was slightly higher than clients aged 55 and under.

## Primary Reasons for Seeking Assistance

Across all programs at GenWest, the most common reason for clients aged over 55 to seek assistance was family violence (99.7%, n=638). This is consistent across cohorts and is expected given GenWest is a specialist family violence service.

Referral sources for clients aged over 55 were similar to clients aged under 55.

## Clients Aged Under 25

The needs of clients aged under 25 appear to be similar to clients aged 25 and over, however the data available is limited. Across all programs, 11.7% (n=917) of clients were aged under 25. 5.8% (n=70) of clients who received outreach case management support were aged under 25.

## Co-Occurring Needs

Of the clients aged under 25 who accessed GenWest's outreach support:

- 21.4% (n=15) reported risk of homelessness
- 25.7% (n=18) reported financial insecurity
- 32.9% (n=23) reported compromised mental health.

These three rates were all about the same as those of clients aged 25 and over.

## Primary Reasons for Seeking Assistance

Across all programs at GenWest, the most common reason for clients aged under 25 to seek assistance was family violence (99.9%, n=876). This is consistent with other cohorts and is expected given GenWest is a specialist family violence service.

Referral sources for clients aged under 25 were similar to clients aged 25 and over.

## Single Parented Households

The number of clients from single parented households who accessed outreach case management was high (41.8%, n=503). Across all programs, 13.2% (n=1037) of clients reported living in a single parented household. 41.8% (n=503) of clients who received outreach case management support reported living in a single parented household.



- 22.9% (n=88) reported risk of homelessness, which was 1.7 times higher than clients with English as their first language
- 29.7% (n=144) reported financial insecurity, which was 1.5 times higher than clients with English as their first language
- 21.1% (n=81) reported compromised mental health, which was about the same as clients with English as their first language.

## Primary Reasons for Seeking Assistance

Across all programs at GenWest, the most common reason for clients in this cohort to seek assistance was family violence (99.4%, n=1515). This is consistent with all other cohorts and is expected given GenWest is a specialist family violence service. Notably, 3.2% (n=48) sought support for financial difficulties, as well as family violence assistance. This was 2.3 times higher than clients with English as their first language.

The most common referral sources for clients with a first language other than English were similar to clients with English as their first language.

## First Nations Clients

Across all programs, 3.6% (n=273) of clients identified as First Nations.

## Co-Occurring Needs

Of GenWest's First Nations clients:

- 15.0% (n=41) reported risk of homelessness, which was 1.5 times that of non-First Nations clients
- 27.8% (n=76) reported financial insecurity, which was 2.3 times that of non-First Nations clients
- 17.6% (n=48) reported compromised mental health, which was 2.3 times that of non-First Nations clients.

## Primary Reasons for Seeking Assistance

Across all programs at GenWest, the most common reason for First Nations clients to seek assistance was family violence (100.0%, n=273). This is consistent with all other cohorts and is expected given GenWest is a specialist family violence service. The most common referral sources for First Nations clients were similar to non-First Nations clients.









## Types of Support

As GenWest is a specialist family violence service, the main support type that it records is assistance for domestic and family violence. 89.9% (n=7246) of clients sought this support prior to COVID-19 and there was minimal change during COVID-19. Legal assistance changed the most. 1.7% (n=136) sought this support prior to COVID-19, which increased by 55.1% during COVID-19 to 2.6% (n=205).

**Table 17.**  
Types of support sought by GenWest clients prior to and during COVID-19

Support type sought	Prior to COVID-19	During COVID-19	% Change
Legal information	1.7% (n=136)	2.6% (n=205)	55.1%
Other basic assistance	16.3% (n=1315)	21.0% (n=1642)	28.5%
Material aid or brokerage	8.7% (n=703)	10.6% (n=826)	20.9%
Assistance for trauma	0.3% (n=23)	0.3% (n=25)	11.9%
Medium-term or transitional housing	1.5% (n=119)	1.7% (n=129)	11.6%
Advocacy or liaison on behalf of client	14.3% (n=1151)	15.3% (n=1199)	7.2%
Advice or information	78.1% (n=6297)	81.4% (n=6376)	4.2%
Assistance for domestic or family violence	89.9% (n=7246)	89.3% (n=6997)	-0.6%
Financial information	1.5% (n=119)	1.4% (n=110)	-4.9%
Court support	6.6% (n=528)	5.6% (n=439)	-14.4%
Short-term or emergency accommodation	1.6% (n=130)	0.9% (n=71)	-43.8%
Family or relationship assistance	2.6% (n=209)	0.5% (n=41)	-79.8%
Assistance for incest or sexual assault	1.5% (n=123)	0.1% (n=5)	-95.8%

## Referral Sources

Compared to referrals from other means, referrals from mental health services increased the most during COVID-19, although the overall number is low. Prior to COVID-19, 0.3% [n=43] of referrals were from mental health services, which increased by 125.7% to 0.7% [n=99] during COVID-19. Referrals from hospitals and other health services also increased by 108.5%, from 0.7% [n=95] prior to COVID-19 to 1.5% [n=202] during COVID-19.

**Notes:** The table on the next page shows referrals that resulted in the client receiving support. Some referrals, mainly from police, are closed because the client does not want support or cannot be reached. This explains why it appears that the number of referrals from police has reduced, when they have in fact increased each year.

Sources with low numbers of referrals are excluded from the table, so the totals at the bottom are higher than what is included in the table.

The "Family and domestic violence service [non-SHS]" category was introduced towards the end of the period prior to COVID-19. It is mainly used for referrals from Safe Steps.

**Table 18.**  
Sources of incoming referrals to GenWest prior to and during COVID-19

Referral source	Prior to COVID-19	During COVID-19	% Change
Family and domestic violence service (non-SHS)	0.4% (n=55)	8.0% (n=1086)	N/A
Mental health service	0.3% (n=43)	0.7% (n=99)	125.7%
Other	4.5% (n=598)	10.0% (n=1365)	123.8%
Hospitals and other health services	0.7% (n=95)	1.5% (n=202)	108.5%
AOD service	0.1% (n=16)	0.2% (n=33)	102.2%
Family and child support agency	0.8% (n=106)	1.4% (n=194)	79.4%
No formal referral (self-referral)	15.9% (n=2125)	25.9% (n=3537)	63.2%
Family and/or friends	0.2% (n=21)	0.2% (n=33)	54.1%
Child Protection agency	1.0% (n=131)	1.4% (n=184)	37.7%
Telephone or crisis referral agency	3.3% (n=435)	4.4% (n=602)	35.7%
School or other education institution	0.2% (n=24)	0.2% (n=22)	-10.1%
Specialist homelessness agency or outreach worker	5.8% (n=775)	4.9% (n=666)	-15.8%
Police	53.2% (n=7130)	37.9% (n=5174)	-28.9%
Legal unit (including Legal Aid)	0.3% (n=46)	0.2% (n=28)	-40.3%
Courts	1.5% (n=200)	0.7% (n=100)	-51.0%
Other agency (government or non-government)	4.5% (n=597)	1.4% (n=185)	-69.6%
Don't know	7.1% (n=955)	0.4% (n=57)	-94.2%
<b>Total</b>	<b>100% (n=13395)</b>	<b>100% (n=13663)</b>	

## External Referrals

Assistance for family and domestic violence increased the most, by 103.9%, from 34.6% [n=252] to 70.5% [n=1029]. Advocacy or liaison on behalf of client reduced the most, by 91.4%, from 4.8% [n=35] to 0.4% [n=6].

**Table 19.**  
**Types of external referrals GenWest made for its clients prior to and during COVID-19**

Type of external referral made	Prior to COVID-19	During COVID-19	% Change
Assistance for domestic or family violence	34.6% [n=252]	70.5% [n=1029]	103.9%
Short-term or emergency accommodation	1.9% [n=14]	3.0% [n=43]	53.4%
Advice or information	4.4% [n=32]	3.6% [n=52]	-18.9%
Child specific specialist counselling services	3.2% [n=23]	1.7% [n=25]	-45.7%
Material aid or brokerage	13.0% [n=95]	6.2% [n=90]	-52.7%
Long-term housing	2.2% [n=16]	1.0% [n=15]	-53.2%
Legal information	8.2% [n=60]	3.4% [n=50]	-58.4%
Financial information	2.7% [n=20]	1.0% [n=15]	-62.6%
Assistance to obtain or maintain government allowance	1.8% [n=13]	0.6% [n=8]	-69.3%
Specialist counselling services	2.7% [n=20]	0.7% [n=10]	-75.0%
Interpreter services	2.7% [n=20]	0.5% [n=7]	-82.5%
Court support	4.1% [n=30]	0.7% [n=10]	-83.4%
Advocacy or liaison on behalf of client	4.8% [n=35]	0.4% [n=6]	-91.4%
<b>Total</b>	<b>100% [n=729]</b>	<b>100% [n=1460]</b>	

**Note:** The above table lists the most common types of referrals made to other organisations. The table shows the number of clients who were referred, *not* the number of referrals. Referral types with low numbers are excluded from the table, so the totals at the bottom are higher than what is included in the table.

# Organisational Response

## How Has GenWest Responded to COVID-19?

COVID-19 affected every GenWest program in many and varied ways. Below are three examples of how the organisation responded.

### Responding to Technology-Facilitated Abuse

During the pandemic, there was an increase in technology-facilitated abuse, likely due to the limitations on perpetrators' movements during lockdown. GenWest's Personal Safety Initiative, along with security companies, responded by making sweeps (e.g., checks for bugs, hidden cameras) of cars, houses and technology more affordable and accessible. These services and providers were not available to clients prior to COVID-19.

### Moving Group Therapy Online

The SPLASH program, which provides therapeutic creative arts groups for children who have experienced family violence, moved online. This required a lot of planning and identifying what would translate well online. It was important to consider how to maintain a safe space for clients in their home environment and allowing clients to process some trauma without leaving them with a big emotional response to manage.

Instead of the usual reliance on props in the room, therapists posted out resource packs and copies of artwork created online. Therapists' skillsets were developed when needing to come up with new activities that they might not have considered without the pandemic (e.g., drama-based activities).

### Service Coordination

As co-occurring needs increased throughout the pandemic, it was even more important to coordinate with other services to meet client needs. For example, GenWest's outreach team used A Place To Call Home funds from its refuge program when the usual funds couldn't meet clients' needs (e.g., to pay a bond or rent in advance).

## **What Have Been the Impacts on Service Delivery?**

### Seeking Assistance

Towards the start of the pandemic, GenWest saw a lull in clients engaging with the service. This was likely due to the perpetrator being at home with them and the additional burden of the pandemic (e.g., on caring responsibilities). Anecdotally, clients were less likely to leave a relationship during lockdown.

### Services Stretched

Services were more stretched than usual. For example, the outreach case management team usually has a Centrelink worker with dedicated time for their clients. This position was changed due to COVID-19, making it a lot harder for practitioners and clients to reach Centrelink. Housing services were even harder to reach. There were delays in housing referrals being accepted and some had no response at all.

### Accessibility

Moving to telephone and video support changed accessibility. For some, support became more accessible, for example:

- when a child had to go to another house at short notice and yet was still able to join the SPLASh therapy group
- clients feeling more comfortable joining from their home
- clients who live far away from the service.

For many though, support became less accessible, for example:

- where internet access and/or privacy was limited (e.g., when others were at home during the session)
- when the client and practitioner did not have a main language in common
- where communication was limited (e.g., by disability or for clients who are selectively mute)
- clients also using the screen for study or work and feeling fatigued by additional online connections.

## Relational Aspect of the Work

Many practitioners and clients found it difficult to establish or maintain human connection through the screen. Outreach practitioners reported that many clients wanted face-to-face contact, and disengaged from the service, especially young single mothers with children doing schooling at home. In children's counselling, some clients remained on the waitlist, waiting for the opportunity to receive face-to-face support.

For practitioners, creating enough safety for therapeutic work to occur was more challenging via telehealth or video call, especially for younger children.

## Risk

Managing risks relating to family violence and mental wellbeing, as well as the risks of the pandemic, remained challenging for programs. For example, in GenWest's children's counselling program, if children are not able to access therapy early on, the impacts of trauma can further enmesh into the parent-child relationship. This can make recovery much harder as the child and parent burn out over time. During the pandemic, these families were not only unable to access professional help, but were also further isolated from family, friends and community supports that would normally assist recovery.

## Impact on practitioners

Practitioners reported the following challenges:

- constant changes in restrictions and practices
- increased administration work to arrange sessions online and manage new COVID-19 funding
- for staff starting new roles, it was harder to integrate online induction and other leaning into practice
- attending multiple client sessions online in one day, along with organisational meetings
- recruiting staff during the pandemic, due to reduced movement in the labour market.

## What Key Learnings Would GenWest Like to Take Into the Future?

- **Continuing a combination of face-to-face and remote support** provides flexibility to meet client needs and practitioner work preferences.
- During times of uncertainty, practitioners found it easier when there was **a clear process for deciding whether programs would be run online or face-to-face** (or both). For clients and practitioners, there was less of a sense of loss and instability when the expectation was that the service would be delivered online, compared to when programs changed between online and in-person.
- **Risk management needs to be nuanced** for each program. As well as risks relating to the pandemic, it is important to consider the risks (including long-term risks) of the program not being provided.
- **Peer supervision and communities of practice are important mechanisms** to share ideas, challenges and lessons about what is and is not working in practice, and as a way to enhance the service provided to clients. Since the start of the COVID-19 pandemic, new communities of practice have been established online, and will continue to run. Availability of online, affordable and accessible training has also increased.
- **Staff wellbeing policies need to be in place and easy to implement.** There was strong uptake of workforce supports, such as:
  - flexible working practices (shift times and working remotely)
  - GenWest-funded payments for staff who could not complete their required hours due to caring or home-schooling responsibilities
  - taking leave for pandemic-related reasons.



# Case Study: Good Shepherd Australia New Zealand

Good Shepherd Australia New Zealand's vision is for all women, girls and families to be safe, well, strong and connected.

Good Shepherd is Australia's oldest community agency supporting women and girls experiencing abuse and disadvantage, family and domestic violence, and financial insecurity. Good Shepherd delivers an extensive range of programs which have been developed over the years to respond to the needs of the community.

## About Service Delivery

### Service Profile

Good Shepherd's services are delivered across Australia and include:

- **Family violence case management** – providing risk assessment, safety planning and holistic case planning to victim-survivors who have either left or are still residing with their perpetrator. Case management can vary in its duration and is based on the needs of the victim-survivor.
- **Alexis Program** – providing assertive outreach for victim-survivors where the perpetrator is being case managed within the Somerville Family Violence Unit.
- **Family Violence Counselling program** – providing adult and children victim-survivors with therapeutic support.
- **Strength to Strength program** – providing longer-term therapeutic support following family violence crisis intervention and management with focus on healing and recovery.
- **After-hours crisis support** – providing support to women and children escaping family violence in emergency accommodation, hospitals or police stations. Assistance is provided for both emotional support and material aid. After-hours support is also provided to women and children in case management.

- **Personal safety initiatives** – providing guidance on the safe use of technologies, as well as specialist information and support for safety devices and equipment in family violence situations.
- **Refuge and crisis accommodation support** – providing high security refuge, accommodation and intensive family violence case management for victim-survivors.
- **Prison-based support** – working closely with the prison release team, this program provides risk assessment and safety planning for women who are incarcerated at Dame Phyllis Frost Centre and Tarrengower Prison prior to their release, ensuring their safety when they return to their communities.
- **Risk Assessment and Management Panel [RAMP]** – Good Shepherd co-chairs the RAMP for high-risk cases of family violence.
- **Flexible funding support** – providing financial assistance to meet the urgent needs of clients to maintain their safety, accommodation and wellbeing.

Good Shepherd also runs youth programs and parenting programs and launched the Household Relief program as a direct response to financial insecurity caused by COVID-19.

To create wraparound services for clients, Good Shepherd partners with relevant community agencies – including The Orange Door, Safe Steps, WithRespect and others, and works closely with emergency and protection services.

Good Shepherd has recently launched the Financial Independence Hub, where victim-survivors or women at risk of experiencing family violence can receive comprehensive, tailored support to improve their financial security. Domestic Violence No Interest Loans provide no-interest loans tailored to the needs of domestic violence victim-survivors.

## Service Delivery Area

Good Shepherd's primary geographical locations for providing family violence services are both in Victoria:

- the Bayside Peninsula area
- Brimbank/Melton.

## Service Reach

In the 2020–21 financial year, an estimated 60,000 people received some type of support from Good Shepherd programs, including:

- family violence case management support
- after-hours crisis support
- refuge services
- family services
- financial counselling and coaching
- no-interest loans.

## What Good Shepherd Saw During COVID-19

During the lockdowns experienced in Victoria in 2020 and 2021, the majority of Good Shepherd's family violence (and other) services were provided remotely. Family violence support was primarily provided through telephone, online or video conferencing channels, and the majority of the family violence practitioners moved to a work-from-home model. Exceptions included:

- refuges
- the after-hours crisis support service, which generally involves meeting and supporting women at police stations or in hospital settings
- cases where there was extreme need.

### Key Findings

During the COVID-19 period, family violence services at Good Shepherd provided case management to 1,129 clients. For clients who completed a safety plan (n=931), the primary reason they sought help was for family violence (99.9%). In addition to family violence, other reasons for seeking assistance from Good Shepherd practitioners included:

- financial difficulties (11.6%)
- relationship or family breakdown (11%)
- mental health issues (7.2%)
- housing affordability stress (5.9%).

For these clients, the risk of homelessness was recorded at 33.7%. 44.8% reported financial insecurity, and 26.2% had co-occurring mental health needs.

The majority of clients were assessed as being either at "elevated risk" (37%) or "serious risk" (41%). A smaller number (19.6%) were assessed as being "at risk" and 11.8% assessed as being at "serious risk and requiring immediate protection".

Brokerage funds during COVID-19 were spent primarily on:

- food, clothes, phone or computers (65.8%, or \$147,267)
- housing-related expenses (9.7%, or \$21,858)
- personal safety measures (5.9%, or \$13,215)

- an 'other' category (17.7%, or \$39,685), which includes childcare, medical or pharmaceutical needs, health and wellbeing supports, travel or commuting, and legal services.

## Co-Occurring Needs

Of clients who received case management during the COVID-19 period (n=1,129), 1,046 had a contact history and 931 had a safety plan put in place. Of these:

- 33.7% reported risk of homelessness (n=353)
- 44.8% reported financial insecurity (n=469)
- 26.2% reported mental health needs (n=275).

Risk of homelessness, financial insecurity and mental health needs are always consistently high amongst family violence clients.

## Reasons for Seeking Assistance

The primary reason why clients came to Good Shepherd's family violence service seeking help was due to identified family violence (99.9%, n=930). Other reasons for seeking help included:

- financial difficulties – 11.4% (n=106)
- relationship or family breakdown – 11.0% (n=102)
- mental health issues – 7.2% (n=67)
- housing affordability stress – 5.9% (n=55).

## Service Access

Good Shepherd provided support to 2,807 clients during the COVID-19 period. This is inclusive of:

- case management
- after-hours crisis response and
- information and referral support.

## Family Violence Risk

Good Shepherd started using the MARAM reporting framework in SHIP in October 2020. A MARAM risk assessment is completed each time a client seeks support. Clients can have more than one risk assessment completed if they engage with the service over an extended period of time.

Between October 2020 and September 2021, 862 risk assessments were completed. Of the clients with risk assessments:

- 19.6% (n=169) were assessed as being "at risk"
- 37% (n=319) were assessed as being at "elevated risk"
- 41% (n=353) were assessed as being at "serious risk"
- 11.8% (n=102) were assessed as being at "serious risk and requiring immediate protection".

Referrals that Good Shepherd receives through The Orange Door are already screened and prioritised based on risk and need. The number of clients at serious risk and requiring immediate protection is higher when including refuge data, as compared to outreach groups only.

## Brokerage

While fewer women were accessing brokerage funds during the COVID-19 period, the amount of money that they were able to access increased. The total amount of brokerage funds spent increased by 85% between the periods prior to and during COVID-19, from \$120,599 to \$223,499.

While there was also an increase in clients, the average amount available to each woman also rose, from \$161 prior to COVID-19 to \$198 during the COVID-19 period. This represented a 23% increase in available funds per client. This average amount does not reflect the value of brokerage provided to each woman, however, as brokerage funds are provided on an as-needed basis and therefore the amounts can vary widely.

The percentage expended in the five categories reported were fairly stable except for the 'other' category, which includes:

- childcare
- medical or pharmaceutical needs

- health and wellbeing supports
- travel or commuting
- legal services.

The percentage of brokerage funds for the 'other' category rose from 6% prior to COVID-19 to 18% during COVID-19. As this category includes so many types of expenditure, the reason for this increase is not clear.

**Table 20.**  
**Brokerage provided by Good Shepherd prior to and during COVID-19**

<b>Expenditure type</b>	<b>Prior to COVID-19</b>		<b>During COVID-19</b>	
<b>Food, clothes, phone or computers</b>	\$80,055	66.3%	\$147,267	65.8%
<b>Housing</b> (including motels or hotels, removalists, bond loans, rent to establish or maintain a tenancy, household items)	\$11,205	9.2%	\$21,858	9.7%
<b>Other</b> (including childcare, medical or pharmaceutical needs, health and wellbeing supports, travel or commuting, legal services)	\$7,782	6.4%	\$39,685	17.7%
<b>Personal safety measures</b>	\$4,928	4.1%	\$13,215	5.9%
<b>Unspecified</b>	\$16,629	15%	-	-
<b>Total</b>	<b>\$120,599</b>	<b>100%</b>	<b>\$223,499</b>	<b>100%</b>

## Demographics

Good Shepherd supports women and children who are victim-survivors of family violence. Just under 15% of clients were male (14.7%, n=414), reflecting the children of women coming for services. A gendered analysis was therefore not conducted. The number of clients who identified as members of LGBTIQ+ communities were too small to determine any meaningful trends, so an analysis based on LGBTIQ+ status was also not conducted.

A very small number of clients (3.4%, n=97) were aged over 55. Older clients were 32% more likely to have a reported mental health need than younger clients. They were also slightly more likely (by 15%) to have a reported financial security need. Financial difficulties were also more likely to be listed as a reason for seeking help, at 21%, which was 36% higher than for clients aged under 55.

In contrast, the number of clients aged under 25 was comparatively high, at 28.6% of the whole (n=803). This reflects incidences of family violence between young couples, clients who are young mothers, and children coming into services. Younger clients reported lower incidences of risk of homelessness (by 43%), financial insecurity (by 26%) and mental health needs (by 99%) than clients aged 25 and over. As this cohort includes children, for whom data was not collected individually, these figures may instead reflect the needs of their parents.

Clients who were recorded as living with disabilities made up 6.8% of the whole client base (n=192). Their recorded mental health needs were 34% higher than for clients without a disability, while their risk of homelessness was 23% lower than for those without a disability.

Slightly over 30% of clients (30.2%, n=848) were single parents. Single parents were more likely to be identified as being at risk of homelessness (by 38%) and as experiencing financial insecurity (by 40%). This cohort was also slightly more likely to be seeking help for:

- financial difficulties – 16.6%, compared to 11.1% of clients who were not single parents
- relationship or family breakdown – 14.5%, compared to 11.4% of clients who were not single parents.



The vast majority of clients (83.1%, n=1,243) spoke English as their first language. Of the 251 clients (16.8%) who did not speak English as their first language, there were high numbers who:

- experienced financial insecurity – 60.5%, compared to 45% of clients whose first language was English
- were considered to be at risk of homelessness – 56.1%, compared to 31% of clients whose first language was English.

## **Clients by Gender and Sexuality**

A full analysis by gender is not provided here, as Good Shepherd's male clients are exclusively children accompanying a woman accessing a service. Similarly, due to the low numbers of clients who identified themselves as LGBTIQ+, analysis by sexuality, trans or gender diverse status, or intersex status would not be meaningful.

Of the clients Good Shepherd saw in this period:

- 61.8% (n=1,735) were female
- 14.7% (n=414) were male
- 2 were non-binary.

In terms of sexuality:

- 1 client was asexual
- 14 clients were bisexual or pansexual
- 4 clients were lesbian or gay
- 2 clients preferred not to disclose their sexuality.

## Clients Aged Over 55

The number of older clients was comparatively low for the entire client base during the COVID-19 period, at only 3.4% (n=97). The Orange Door refers older women to specialised services, which may partially explain the low numbers.

### Co-Occurring Needs

Of Good Shepherd's clients aged 55 and over:

- 26.8% (n=26) reported risk of homelessness, which was 18.7% lower than for clients aged under 55 (31.8%)
- 49.4% (n=48) reported financial security needs, which was 15% higher than for clients aged under 55 (42.1%)
- 32.9% (n=32) reported mental health needs, which was 32% higher than for clients aged under 55 (22.3%).

### Primary Reasons for Seeking Assistance

For clients aged 55 and over, their primary reasons for seeking support were:

- family violence – 97.4% (n=76), which was similar to clients aged under 55 (99.4%)
- financial difficulties – 20.5% (n=16), which was 35.6% higher than for clients aged under 55 (13.2%)
- relationship or family breakdown – 15.4% (n=12), which was similar to clients aged under 55 (12.7%).

## Clients Aged Under 25

A significant portion of the client base included those aged under 25 (28.6%, n=803), however this also includes accompanying children. This should be kept in mind as the inclusion of children may skew the data.

### Co-Occurring Needs

Of Good Shepherd's clients aged under 25:

- 24.2% (n=195) reported risk of homelessness, which was 43% lower than that reported by clients aged 25 and over (34.6%)

- 35.8% (n=288) reported financial insecurity, which was 26% lower than for clients aged 25 and over (45%)
- 13.3% (n=107) reported mental health needs, which was 98.5% lower than for clients aged 25 and over (26.4%).

## Primary Reasons for Seeking Assistance

The reasons for seeking support for clients aged under 25 were:

- experiences of family violence – 99.7% (n=624), which was similar to clients aged 25 and over (99.1%)
- relationship or family breakdown – 10.1% (n=63), which was slightly lower than for clients aged 25 and over (14%)
- financial difficulties – 5.1% (n=33), which was 70.7% less than clients aged 25 and over (17.4%).

## Clients with Disabilities

Clients who identified as living with disabilities were 6.8% (n=192) of the entire client base.

## Co-Occurring Needs

Of Good Shepherd's clients with disabilities:

- 34.3% (n=66) reported risk of homelessness, which was 23% lower than for those without a disability (42.2%)
- 44.7% (n=86) reported financial insecurity, which was similar to those without a disability (42.2%)
- 33.2% (n=64) reported mental health needs, which was 34% higher than those without a disability (21.9%).

## Primary Reasons for Seeking Assistance

The primary reason why clients with disabilities sought support was for experiences of family or domestic violence, at 99.3%, which does not differ from clients without a disability. There were no notable secondary reasons for this cohort.

## Single Parented Households

Nearly a third of all clients (30.2%, n=848) were from single parented households.

## Co-Occurring Needs

Of Good Shepherd's clients from single parented households:

- 39.1% (n=332) reported risk of homelessness, which was 38% higher than for other clients (28.4%)
- 52.8% (n=448) reported financial insecurity, which was 39.7% higher than for other clients (37.8%)
- 26% (n=221) reported mental health needs, which was 22.6% higher than for other clients (21.2%).

## Primary Reasons for Seeking Assistance

The primary reasons for seeking support for this cohort were:

- family violence – 99.2% (n=841), which was similar to other clients (99.4%)
- financial difficulties – 16.6% (n=141), which was slightly higher than for other clients (11.1%)
- relationship or family breakdown – 14.5% (n=123), which was slightly higher than for other clients (11.4%).

## Clients from Non-English Speaking Backgrounds

A significant number of Good Shepherd's clients during COVID-19 spoke a language other than English as their first language (16.8%, n=251). 83.1% (n=1243) of clients spoke English as their first language.

Clients from culturally and linguistically diverse backgrounds who come through The Orange Door are generally referred to specialised services. This means that the number attending Good Shepherd services, while not low, may not be representative.



## Primary Reasons for Seeking Assistance

For First Nations clients, the primary reasons for seeking support were:

- 98.9% (n=91) for domestic or family violence, which was similar to non-First Nations clients (99.3%)
- 10.9% (n=10) for relationship or family breakdown, which was slightly lower than for non-First Nations clients (12.9%)
- 8.7% (n=8) for financial difficulties, which was slightly lower than for non-First Nations clients (10.8%).

## Comparisons Prior to and During COVID-19<sup>1</sup>

The total number of clients who were provided with case management by Good Shepherd's family violence services increased by 51%, from 748 clients in the period prior to COVID-19 to 1,129 clients during the COVID-19 period.

The core reason for seeking support did not change, with close to 100% of all clients seeking assistance for experiences of domestic and family violence – 98.5% of clients prior to COVID-19 and 99.9% during COVID-19. However, other reasons for seeking assistance all reduced between the periods prior to and during COVID-19. These included:

- financial difficulties – 24% decrease
- relationship or family breakdown – 17% decrease
- mental health issues – 31% decrease
- housing affordability stress – 37.2% decrease
- lack of family or community support – 47% decrease.

Identified co-occurring needs also dropped between the periods prior to and during COVID-19. The risk of homelessness had only a small decline of 7%, while financial insecurity dropped 19% and mental health needs dropped 26%.

The downward trend of co-occurring needs may indicate that practitioners (and possibly clients too) were more focused on the most critical issue, setting aside other pressing needs within the greater context of uncertainty and such dramatic changes in service provision. For example, there was a strong reduction in the number of clients with co-occurring needs recorded, decreasing by 70% between the periods prior to and during COVID-19.

The most unexpected change in the data is the 26% drop in mental health needs, from 35% of clients prior to COVID-19 to 26% during COVID-19. At a time when the Victorian population as a whole was reporting worsening mental health, it seems unlikely that women experiencing family violence would not also experience compromised mental health.

Despite the decreases in co-occurring needs, the average length of support increased for clients by 50%, from an average of 48 contact hours per client prior to COVID-19 to an

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<sup>1</sup> This section compares case management data only.

average of 72 contact hours during COVID-19. Referrals to most other support services also increased for most categories, including:

- material aid or brokerage – 167% increase
- specialist counselling service – 142% increase
- advocacy or liaison services – 243% increase
- housing services – 50% increase
- financial information – 44% increase
- assistance for trauma – 14% increase.

There were decreases in referrals for other categories, including:

- referrals to other family violence services (indicating that clients were not moving out of area as often) – 83% decrease
- referrals for advice or information – 57% decrease
- referrals for family or relationship assistance – 53% decrease.

Taken together, the increases in contact hours and the referral patterns indicate that holistic, wraparound support was not only maintained but actually increased during the COVID-19 period.

Although other reasons for seeking support all showed a decrease between the periods prior to and during COVID-19, the significant increase in referrals to other support services indicates that there has been an overall increase in presenting needs. This discrepancy could be attributed to data recording practices, which may have been due to:

- an increased focus on safety to the exclusion of other needs
- changes in recording practices [e.g., due to increased workload, or reflective of new employees who were inducted online and may consequently have had knowledge gaps].

Some practitioners also observed that women were more constrained in discussing complex issues due to a lack of privacy or safe space.

It is therefore likely that reductions reflect how information was recorded rather than a change in either need or service response. This theory was tested by examining whether the number of co-occurring needs that were recorded shifted during the COVID-19 period. In the period prior to COVID-19, 100% of clients (n=881) had at least one other co-occurring need



recorded in addition to family violence. During COVID-19, this dropped 70%, with only 30% [n=302] of all clients [n=997] having a co-occurring need recorded. This indicates that data capture reduced significantly during the COVID-19 period.

## Co-Occurring Needs

The percentage of women presenting with risk of homelessness, financial insecurity and/or mental health needs all appeared to decrease between the periods prior to and during COVID-19. This included:

- a 7% decrease in risk of homelessness, from 42% to 34%
- a 19% decrease in financial insecurity, from 63% to 45%
- a 26% decrease in mental health needs, from 35% to 26.

However, when considered in light of the referral data, this is likely a change in data recording practices rather than a reduction in need.

**Table 21.**  
**Co-occurring needs for Good Shepherd clients prior to and during COVID-19**

Co-occurring needs	Prior to COVID-19	During COVID-19	% Change
<b>Risk of homelessness</b>	41.5% [n=378]	33.7% [n=353]	-6.6%
<b>Financial insecurity</b>	63.3% [n=576]	44.8% [n=469]	-18.5%
<b>Mental health needs</b>	35.2% [n=320]	26.2% [n=275]	-25.6%

The highest reported reason for seeking help did not differ markedly between the two comparison dates, with 98.5% of all clients seeking help for domestic and family violence prior to COVID-19 compared to 99.9% during COVID-19. The reporting of other co-occurring needs all saw a decrease, including:

- financial difficulties – 24% decrease
- relationship/family breakdown – 17% decrease
- mental health issues – 31% decrease
- housing affordability stress – 37% decrease
- a lack of family and/or community support – 47% decrease.

However, referral data indicates an increase in holistic service provision, which therefore may indicate changes in data capture.

**Table 22.**  
**Reasons Good Shepherd clients sought assistance prior to and during COVID-19**

Reason for seeking assistance	Prior to COVID-19	During COVID-19	% Change
<b>Domestic and family violence</b>	98.5% (n=827)	99.9% (n=930)	+1.4%
<b>Financial difficulties</b>	15% (n=126)	11.4% (n=106)	-24%
<b>Relationship or family breakdown</b>	13.3% (n=112)	11% (n=102)	-17.3%
<b>Mental health issues</b>	10.5% (n=88)	7.2% (n=67)	-31.4%
<b>Housing affordability stress</b>	9.4% (n=79)	5.9% (n=55)	-37.2%
<b>Lack of family or community support</b>	8.6% (n=72)	4.6% (n=43)	-46.5%

## Service Access

The average amount of contact hours for clients receiving case management increased significantly between the two time periods.

In the period prior to COVID-19, there was an average of 48 contact hours per client. During COVID-19, this rose to 72 hours, an increase of 50%. This may be explained by the increased complexity of providing support. For example, new processes were put in place to authorise legal documents, attend court hearings, and/or provide brokerage funds. Early on there were difficulties in operationalising these processes, and there was also a learning curve for both practitioners and clients.

Some clients struggled to maintain online access, which may account for the greater number of contact hours. The higher number of hours may also reflect increasingly complex needs for clients – a trend reported by Good Shepherd’s practitioners.

Keeping women safe and supported during lockdowns was often more challenging, as they were more likely to remain with the perpetrator. In addition, if they chose to leave, this required more planning when it was a breach of public health orders to travel long distances. There is also evidence that indicates more women were experiencing violence for the first time, and that the nature and intensity of the abuse changed with lockdown.

**Table 23.**  
**Length of support for Good Shepherd clients prior to and during COVID-19**

	Prior to COVID-19	During COVID-19	% Change
<b>Average length of support</b>	48 hours	72 hours	+50%
<b>Number of clients receiving case management</b>	748	1,129	+50.9%

Changes in terms of the specific assistance sought included small increases in clients seeking direct assistance, advice or information. There were large decreases in material aid, brokerage, advocacy and liaison.

**Table 24.**  
**Types of support sought by Good Shepherd clients prior to and during COVID-19**

Support type sought	Prior to COVID-19	During COVID-19	% Change
<b>Assistance for domestic or family violence</b>	88% [n=658]	89.6% [n=1012]	+1.8%
<b>Advice or information</b>	77.8% [n=582]	84% [n=948]	+8%
<b>Material aid or brokerage</b>	43.3% [n=324]	29.4% [n=332]	-32.1%
<b>Advocacy or liaison on behalf of the client</b>	37.7% [n=282]	30.6% [n=346]	-18.8%
<b>Other basic assistance</b>	32% [n=239]	27.9% [n=315]	-12.8%

The data capture for referrals into Good Shepherd on SHIP was not found to be reliable, as the categories provided are not aligned with how referrals are received. This means practitioners make individual decisions about how a referral is categorised (e.g., one referral may be categorised as a telephone referral, a police referral, or from another DFV agency). In addition, the practices that governed data entry decision-making shifted between the two time periods, meaning that a reliable data comparison was not possible.

However, referral patterns into Good Shepherd's family violence services are primarily through The Orange Door and Safe Steps, with some clients self-referring. These patterns did not shift markedly between time periods, although the volume increased significantly.

There was anecdotal evidence about an increase in self-referrals, although 'self-referral' is not an option in the way that Good Shepherd records data in SHIP, so this trend cannot be verified with data.

Only three categories of referrals out to other services decreased during the COVID-19 timeframe:

- assistance for domestic or family violence – 83.1% decrease
- advice or information – 56.5% decrease
- family or relationship assistance – 52.6% decrease.

Referrals for domestic or family violence support include when a client moves out of area and is transferred to a new service. The reduction in these referrals therefore likely reflects the reduced amount of movement that occurred during lockdowns.

Material aid or brokerage more than doubled, increasing 167% between the periods prior to and during COVID-19. This change reflects in part the intentional increase in brokerage funds provided during COVID-19.

During the COVID-19 period, clients appeared to be accessing specialist counselling services more often, with referrals more than doubling from 2.6% prior to COVID-19 to 5.8% during COVID-19.

While the number of clients accessing external advocacy or liaison support during COVID-19 can be considered fairly low at 2.4%, this marks a significant rise from the period prior to COVID-19 [less than 1%]. Referrals for housing also increased significantly, at 50%, referrals for financial information increased by 44%, and specialised assistance for trauma increased by 14%.

Taken together, the trends seem to indicate that clients were accessing more specialised services and support during COVID-19 than they previously did.

**Table 25.**  
**Types of external referrals Good Shepherd made for its clients**  
**prior to and during COVID-19**

Type of external referral made	Prior to COVID-19	During COVID-19	% Change
<b>Material aid or brokerage</b>	4% (n=36)	9.6% (n=96)	+166.6%
<b>Assistance for domestic or family violence</b>	8.6% (n=77)	1.3% (n=13)	-83.1%
<b>Housing services</b>	2.6% (n=24)	3.6% (n=36)	+50%
<b>Specialist counselling services</b>	2.6% (n=24)	5.8% (n=58)	+141.6%
<b>Assistance for trauma</b>	2.4% (n=22)	2.5% (n=25)	+13.6%
<b>Financial information</b>	4% (n=36)	5.2% (n=52)	+44.4%
<b>Advice or information</b>	2.5% (n=23)	1% (n=10)	-56.5%
<b>Family or relationship assistance</b>	2.1% (n=19)	0.9% (n=9)	-52.6%
<b>Advocacy or liaison on behalf of the client</b>	0.7% (n=7)	2.4% (n=24)	+242.8%
<b>Total</b>	<b>(n=894)</b>	<b>(n=998)</b>	

# Organisational Response

## Changes in Family Violence Presentation and Service Support

Good Shepherd's data shows a significant increase in both family violence caseload and average contact hours between the periods prior to and during COVID-19. Clients receiving case management increased 51%, from 748 prior to COVID-19 to 1,129 during the COVID-19 period. Average contact hours increased by 50%, from 48 hours prior to COVID-19 to 72 hours during COVID-19. Practitioners confirmed that moving service delivery from a primarily face-to-face interaction to either telephone or online support corresponded with an increase in average contact hours per client.

Where possible, Good Shepherd's family violence team adapted service delivery to provide services by telephone, online support and/or video conferencing with clients. Face-to-face contact was maintained for refugees and after-hours crisis support. Permission to provide face-to-face contact was also granted in some cases (e.g., in supporting CALD clients). Overall, the family violence practitioners felt that this method of service delivery was a positive experience for most clients. For example, one practitioner said:

**"Many clients enjoyed phone/[online] applications as they do not have to leave home. A minority of participants have expressed difficulties with accessing IT platforms and returning of documents"**

Family violence practitioner

Another specifically mentioned the improved support for clients in remote areas:

**"Remote services provide an opportunity to support people in rural, regional and remote areas that may otherwise find it very difficult to access services"**

Specialist financial coach

The general sense was that these changes to service delivery worked well, and that providing services through telephone or online platforms should continue as an option for some clients going forward. However, there were also concerns that the changes to service delivery created barriers for some women to engage. As one practitioner said:

**“COVID increased risk of isolation and... being controlled. This made it harder to reach out for help when needed”**

Family violence practitioner

Therefore, while there was an overall increase in women accessing family violence services, it is unknown whether changes in service delivery led to some cohorts failing to successfully engage. Practitioners expressed concerns that, for women who did not speak English as their first language, telephone or online services created a barrier – there were increased complexities when using an interpreter, and the lack of in-person cues made effective communication more challenging. Other women may not have had the technology – or the skills to use it – necessary for effective support during lockdown periods.

The other primary concern raised by family violence practitioners was related to the difficulties with the practicalities of support. Practitioners specifically mentioned:

- supporting women in court proceedings or with the police
- linking clients to other services
- issuing and using store vouchers
- organising paperwork more generally in an online-friendly manner.

However, the upside was that forms and support that traditionally needed to be completed in person became easier to process over time in a virtual manner. While the transition was imperfect and at times painful, the end result was faster, improved processes.

Most practitioners found remote service provision to be a positive experience, providing them with more flexibility and time to provide support. Practitioners did raise some concerns, including:

- one practitioner’s concern that children were often in the other room and may overhear difficult conversations
- two practitioners’ mentions of the need for more support for staff due to the increased workload, their own mental health challenges related to the pandemic generally, and incidental trauma from client contact.

## Presentation of Family Violence in Financial Counselling

In Victoria, the number of family violence clients accessing Good Shepherd's financial counselling services has steadily increased across the COVID-19 period. This number rose from 455 clients in 2019 to 532 in 2020. This number was already at 587 by September 2021, representing an increase of 29% across the three years.

Direct referrals from Good Shepherd's family violence team and other family violence services (including The Orange Door, Salvation Army and GenWest) decreased significantly during lockdown periods in 2020 and 2021. According to Good Shepherd's financial counselling program manager, there were "very few if any" direct referrals. This significant increase is therefore driven almost completely by self-referrals. This may reflect increases in economic abuse, which tended to spike during lockdown periods as financial stress increased for many households.

Some family violence practitioners cited the Coronavirus Supplement, JobKeeper and disaster payments as supporting a reduction in both economic abuse and family violence more generally. The reduction or removal of these protective measures resulted in sharp increases in economic abuse.

Ninety percent of financial services practitioners indicated they were seeing economic abuse in casework, while 67% of family violence practitioners indicated seeing an increase in economic abuse. Specific examples included:

- coercion into loan guarantees
- identification fraud to access online credit
- perpetrators opening multiple buy now pay later (BNPL) accounts in the victim-survivor's name.

Family services practitioners specifically mentioned cases where parents who were separating had to remain in the same home due to lockdown orders, with the perpetrator refusing to meet rent or mortgage payments.

## What the Future Holds

Overall, Good Shepherd practitioners were pleased that changes in service provision made support more accessible. They also expect that going forward there will be an increase in remote support, particularly through telephone and online channels.



Provisions that were put into place for completing paperwork online, including court documents, represent a positive change that practitioners hope to see continued. For example, it is now both easier and safer for women to submit an intervention order online than having to visit the courts to do so. However, the benefits of face-to-face support mean that in-person interactions will remain a critical component of effective service delivery, particularly for:

- family welfare checks
- supporting children effectively
- supporting women who do not speak English as their first language
- women and families who experience technological barriers
- immediate crisis support.

Good Shepherd sees increasing the financial safety net for women fleeing violence as a foundational action that government could and should take, as the positive impacts were evident of government supports related to COVID-19. These included the temporary increases in some Centrelink payments and the increase in brokerage funds.

Equally critical is the need for a more comprehensive system to ensure safe, affordable and stable housing options for women leaving violence. The eviction moratorium, for example, contributed greatly to women's security.

Another very specific response by Good Shepherd to the pandemic has been to offer an existing refuge or crisis accommodation for COVID-19 positive women. This has enabled women who have had COVID-19 or who have been looking after children who have COVID-19 to leave family violence in a safe manner.

Good Shepherd has been on a continual journey to provide holistic supports for victim-survivors. Financial insecurity both makes experiences of violence more likely and makes it more difficult to leave violence, thereby compromising women's and children's safety. Tailored programs for victim-survivors of family violence seek to improve women's financial security.

## Next Steps for the Sector

The further research components of the *Future-proofing Safety* project are designed to answer some of the questions in areas where data capture was limited, including:

- experiences for children
- the impact of expanded and more flexible brokerage funds
- further exploration about how risk and client needs changed during the COVID-19 time period.

Peaks, organisations and practitioners will have opportunities to participate in future components of the project through focus groups, a practitioner survey and through a series of workshops.

## Organisational Key Learnings

Each of the three organisations identified common key learnings about how COVID-19 changed service access and needs. There were benefits to an increase in brokerage available, and both advantages and disadvantages were noted for technology use. One major area all three organisations noted was an inability to accurately and comprehensively capture children's needs, as only parent data is recorded in most cases.

The current use and design of CRM systems does not lend itself to accurate data capture. As services shift to utilise organisational data to promote evidence-based management, there is an immediate need for improved data capture.

## Changes to Brokerage

All three organisations reported that the increase in brokerage funds and ability to access brokerage quickly allowed them to respond to victim-survivors' safety and security in a timely and more comprehensive manner. This raises the question: should services continue to offer additional family violence brokerage with more flexibility into the future?

## Impact of Technology

All organisations made significant shifts in use of online services. Technology provided increased access for some clients but also decreased access for others who were unable to safely access telehealth or online services delivery during COVID-19.

Telehealth also presented a range of complex challenges. For example, with less 'line of sight' to children during the pandemic, Drummond Street saw a decrease in Child Protection involvement and a decrease in 'at risk children' accessing support.

## Inability to capture children's needs

Due to system and government database limitations, all three organisations were unable to report accurately on children's needs. Instead, they largely captured the needs of the parent seeking support, with children 'attached' to a family case. This is indicative of a continued need to increase the focus on children as clients in their own right, something which the 2016 Royal Commission into Family Violence made multiple recommendations about to ensure children's needs are considered in their own right, within multisectoral change.

Providing services and recording family violence data and client experiences – without child-centred structures and systems in place – risks services continuing to prioritise adult experiences of family violence at the expense of children and child-centred practice.

## Need for improved data capture

Across the three organisations, there were limitations within some of the reportable data fields. Improving data capture across the family violence service system will allow government to make strategic decisions to respond to family violence risk, need and complexity, particularly during future crises.

