



Managing Support and Safety Hubs

May 2020



Managing Support and Safety Hubs

Independent assurance report to Parliament

Ordered to be published

VICTORIAN GOVERNMENT PRINTER

May 2020

PP no 131, Session 2018–20

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ISBN 978 1 925678 71 0



The Hon Shaun Leane MLC
President
Legislative Council
Parliament House
Melbourne

The Hon Colin Brooks MP
Speaker
Legislative Assembly
Parliament House
Melbourne

Dear Presiding Officers

Under the provisions of the *Audit Act 1994*, I transmit my report *Managing Support and Safety Hubs*.

Yours faithfully

A handwritten signature in black ink, appearing to read "Andrew Greaves", is written over a faint, light blue circular stamp.

Andrew Greaves
Auditor-General

27 May 2020

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Acronyms

CALD	culturally and linguistically diverse
Child FIRST	Child and Family Information, Referral and Support Teams
CIP	Central Information Point
CRM	client relationship management system
CSO	community service organisation
DHHS	Department of Health and Human Services
DPC	Department of Premier and Cabinet
FSV	Family Safety Victoria
FTE	full-time equivalent
HLG	hub leadership group
IIPF	Interim integrated practice framework
KPI	key performance indicator
NEMA	North East Melbourne Area
OLG	operations leadership group
VAGO	Victorian Auditor-General's Office

Abbreviations

Bayside	Bayside Peninsula area
Hub	support and safety hub
Royal Commission	Royal Commission into Family Violence

Support options

Our report discusses family violence, which involves behaviour that is physically, emotionally or economically abusive, threatening, coercive and controlling. If you or someone you know is affected by family violence, support options are available. These include:

1800RESPECT—National Sexual Assault, Domestic Family Violence counselling service

Provides information, referral and counselling services to people experiencing or at risk of experiencing sexual assault, domestic or family violence. It is also available to friends and family and professionals. 1800 RESPECT provides a confidential service 24 hours a day, seven days a week.

Phone: 1800RESPECT (1800 737 732)

www.1800respect.org.au

Men's Referral Service

A men's family violence phone counselling, information and referral service operating in Victoria, New South Wales and Tasmania and the central point of contact for men taking responsibility for their violent behaviour.

Phone: 1300 766 491

www.ntv.org.au

Kids Helpline

Kids Helpline is Australia's only free 24/7, confidential and private counselling service specifically for children and young people aged five to 25 years.

Phone: 1800 551 800

www.kidshelpline.com.au

Aboriginal Family Domestic Violence Hotline

A dedicated contact line for Aboriginal victims of crime who would like information on victims' rights, how to access counselling and financial assistance.

Phone: 1800 019 123

Lifeline

Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24-hour crisis support and suicide prevention services.

Phone: 13 11 14

www.lifeline.org.au

safe steps

safe steps is a 24/7 phone line, which provides support for Victorian women and children experiencing family violence.

Phone: 1800 015 188

www.safesteps.org.au

Victims of Crime Helpline

This helpline provides support for adult male victims of family violence and victims of violent crime in Victoria to help manage the effects of crime and provide guidance about the legal process.

Phone: 1800 819 817

Text: 0427 767 891

www.victimsofcrime.vic.gov.au

WithRespect

WithRespect is a specialist LGBTIQ family violence service, operating:

- 9am to 5pm Monday to Friday
- 9am to 8pm Tuesday
- 5pm to 11pm Wednesday
- 10am to 10pm on weekends.

Phone: 1800 542 847

www.withrespect.org.au

Sexual Assault Crisis Line

The Sexual Assault Crisis Line Victoria is a 24/7 confidential, phone crisis counselling service for people who have experienced both past and recent sexual assault.

Phone: 1800 806 292

www.sacl.com.au

Audit overview

Family violence causes lasting physical and psychological harm and can lead to death. On average in Australia:

- one woman is killed every 11 days by her current or former partner
- two children every month are killed by a parent.

In 2016, the Royal Commission into Family Violence (Royal Commission) made 227 recommendations aimed at improving prevention and service responses in Victoria. One of these was to establish 17 support and safety hubs (hub) throughout the state. The Victorian Government committed \$448.1 million over four years from 2017–18 to deliver this.

In July 2017, the government set up Family Safety Victoria (FSV), within the Department of Health and Human Services (DHHS). FSV is responsible for coordinating delivery of the government's family violence reforms, which include hubs.

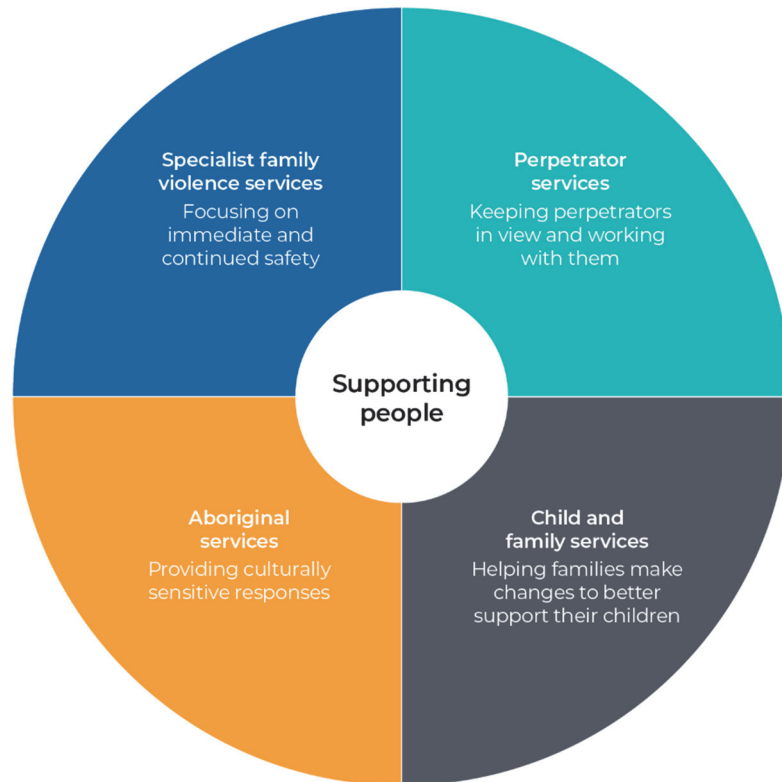
Hubs are a major change in the way people experiencing family violence can get help, or for families and children who need support for other reasons. They aim to provide a more holistic view of clients' needs and make it easier for people to find help by simplifying referral pathways and coordinating support for them.

A hub operates as a partnership between FSV, DHHS and community service organisations (CSO) working in four service sectors:

- specialist family violence services
- perpetrator services
- child and family services
- Aboriginal services.

The focus of these four service sectors is shown in Figure A. Hubs involve each service changing their traditional ways of working so that they can work together in responding to clients.

Figure A
Service sectors working together in hubs



Source: VAGO.

Between May and November 2018, FSV launched the first five hubs. These are in Barwon, Mallee, North East Melbourne Area (NEMA), Bayside Peninsula (Bayside) and Inner Gippsland. FSV plans to launch 12 more hubs by 2022. The government has branded hubs as The Orange Door.

We assessed whether hubs are providing effective and efficient service coordination for women and families. We examined whether DHHS and FSV:

- designed and planned the hubs effectively
- effectively support and oversee the operation of the five open hubs
- have reliable performance measurement and continuous improvement processes.

Conclusion

Hubs are not yet realising their full potential to improve the lives of people affected by family violence and families needing support with their children. This is because their service coordination is not yet consistently effective or efficient.

A rushed implementation schedule and a lack of detailed project planning meant FSV opened the first five hubs before they had all the infrastructure, processes or staff needed to meet demand. As a result, some people have waited months to receive support.

Across the five open hubs, FSV has not done enough to support practitioners to give their clients timely, coordinated help. Individual hubs have had to develop their own ways to coordinate services, manage demand and share information. These inconsistent approaches mean that clients may receive different services depending on where they live, rather than their needs. Gaps in FSV's performance monitoring, evaluation and governance mean it cannot measure or address these inconsistent service experiences.

FSV cannot yet demonstrate whether the hubs are leading to better outcomes for families. This is because it is not collecting the right data to understand its clients' experiences within and beyond a hub.

FSV is working to address these weaknesses and making changes to improve the launch of the next hubs. However, given the volume of work still required and the challenge of opening 12 hubs in less than three years, the risk remains that FSV will launch hubs that are not fully prepared to support clients.

Findings **Designing and planning the hubs**

Implementation of the first five hubs

FSV's planning for the first five hubs lacked detail and set unrealistic timelines for key projects. As a result, the first hubs did not have all the infrastructure, staff and processes they needed to support clients. For example:

- key projects necessary to guide hub workers were incomplete, including a demand management strategy and a framework to integrate practices across different CSOs
- none of the first five hubs opened with a full workforce, contributing to a backlog of cases
- due to FSV's difficulties in finding appropriate sites, facilities at Barwon and Bayside were not ready when they opened, forcing staff to work in contingency sites that were not fit for purpose.

FSV's stakeholder consultation and analysis of previous models showed that these issues were likely to impact hubs. However, when advising government, FSV overstated its capacity to manage some risks and did not implement all mitigation strategies it recommended.

Hub partners and practitioners worked hard to develop processes and tackle these early challenges. However, hubs are still experiencing negative consequences, including a backlog of clients at Bayside and NEMA.

Future hubs implementation

FSV intends the hubs model to develop over time as hub partners and stakeholders learn from their experience of operating hubs and supporting clients. The work of the hubs is evolving through considerable effort by hub partners and practitioners and FSV's implementation support. However, inconsistencies in processes and practices between hubs, such as having different approaches to triaging clients, impact their effectiveness, and FSV cannot yet measure the effect of this on clients.

FSV has improved its implementation approach, reducing the likelihood that the issues that hindered the first hubs will reoccur for the next ones. For example, it has introduced a minimum 80 per cent staffing level for new hubs before they can open.

However, the timeline for the rollout of future hubs remains challenging. FSV intends to open all 12 remaining hubs by 2022. Considering the impact of rushed implementation on service delivery in the first five hubs, it is critical that FSV develop detailed and realistic plans to open the remaining hubs.

Addressing the Royal Commission's recommendations

FSV has not yet delivered two elements of the Royal Commission recommendations that were key to hubs operations, although delivery is underway or planned for them. These are that hubs:

- ensure CSOs work together to provide integrated service responses to clients
- have the technology needed to support operations and monitoring.

FSV has largely delivered three other recommendations that relate to establishing operations in hubs, although work is still underway to determine how hubs will collaborate with sexual assault services.

These outstanding elements mean established hubs do not yet meet the Royal Commission's intent and the government's policy commitments for improving the way CSOs work together to support clients. Also, without comprehensive monitoring FSV cannot fully understand how well hubs are working.

Moving to full operations

Because of the scale and pace of the hubs reform, FSV split its design for the first five hubs. All started with a 'foundational' subset of the functions hubs would provide, and will have an expanded 'future' set of functions over time. The foundational model involved components such as assessing client risks and connecting clients to external services. The future model includes several components that hubs would add over an unspecified time frame. Although not explicitly recommended by the Royal Commission, these components are critical to meeting the intent of its recommendation to provide coordinated, accessible and timely support to clients.

FSV has introduced or begun work to introduce several components before the end of 2022, such as creating additional physical access points in some hub areas.

An example of a component in the **future hub model** is co-locating other services in hubs, such as legal services. Another example is establishing access points outside of the primary hub in a region.

It is planning to introduce some components after 2022 but has not outlined when it will deliver other components, such as the ability for the hub information system to integrate with other information systems. Without detailed and realistic planning, there is a risk FSV will fail to introduce these functions and clients will miss out on the full potential of hubs.

Stakeholder consultation

During the design process, FSV met with and learned from a range of stakeholders, including people who have experienced family violence. This enabled FSV to include different perspectives in the design of hubs.

Service integration refers to hub CSOs working together to support clients. For example, practitioners share information about people and families referred to a hub, to quickly identify their needs and any safety issues.

A key challenge for FSV has been the conflicting views of stakeholders about how hubs should operate, and the level of service integration required. For example, specialist family violence services have argued that the expanded role of child and family services in hubs has diluted the focus on women victim survivors. In contrast, child and family services practitioners consider that hubs are too focused on family violence, at the expense of child wellbeing.

FSV has not resolved this issue, in part because it has not provided stakeholders with clear guidance and examples of what service integration looks like in practice.

FSV is aware of this challenge and is working to resolve it, including by introducing an advisory working group to discuss issues with the different sectors.

Supporting operations in hubs

Service coordination

The Royal Commission found a lack of coordination or integration between the services that support people affected by family violence. Because practitioners worked in isolation, they had a limited view of the risks that victim survivors faced.

FSV designed hubs to address this problem by integrating or coordinating the work of CSOs, and hubs are making progress towards this. Practitioners are learning from their colleagues to build a more holistic view of risks and needs related to family violence or children and families needing support.

However, FSV has not fully achieved this intent, because it has missed opportunities to support integrated working and address known barriers:

- Although FSV provides general guidance on integration, it does not provide practical advice for practitioners on how to implement it.
- FSV's training for hubs does not cover how services should work together to deliver an integrated service.

A **culturally safe** environment is one free from discrimination, where service providers respect a person's culture, identity and beliefs.

- Although some occurs at a local level, there is no mandatory training on how to deliver culturally safe services for Aboriginal peoples.
- Hub practitioners do not agree on how to integrate perpetrator services with other services.
- Recruitment challenges mean not all hubs meet FSV's requirement that each hub has two Aboriginal service positions.

Supporting children

Hubs have a key role in helping children affected by family violence or whose families need support to care for them. Hubs are not yet performing this role as well as they could, because:

- there is no single tool, aligned with the Best Interests Case Practice Model, to consistently assess child wellbeing risk in hubs separate to family violence risk assessment tools
- child and family practitioners in hubs believe that hubs do not focus enough on child wellbeing
- community-based child protection staff have inconsistent roles at hubs, and there is a risk that other practitioners are not fully using their expertise
- due to limitations in its data collection, FSV cannot monitor and report on the timeliness and effectiveness of hubs' engagement with children.

The **Best Interests Case Practice Model** is a tool that DHHS developed in 2012 to inform and support professional practice in family services, child protection and placement and support services.

Information sharing

Risk assessment is the process of determining the threat that a perpetrator or other safety and wellbeing concerns pose to a client.

Hubs allow for increased information sharing between agencies, aided by recent legislative changes. Practitioners advised us that this is a positive development, allowing them to better assess the risks and needs of their clients.

However, not all clients are benefiting from these new capabilities because approaches to information sharing are not consistent across hubs. Practitioners at most hubs use the databases of all CSOs in their hub to gather information for risk assessments. This does not occur at Bayside due to the large number of CSO databases to check—10 in all.

Similarly, use of Central Information Point (CIP) reports varies across the hubs but not in proportion to the number of referrals received. Practitioners advised us that there is not enough guidance on when they should request a CIP report.

A **CIP report** provides details about a perpetrator to help assess risks to victim survivors. This may include information about their criminal history, correction orders, parole outcomes and experiences with mental health, drugs and alcohol, and other services.

Meeting demand for hubs

Capacity to meet demand in hubs varies, meaning clients' wait times for a response can depend on which hub they access. Bayside and NEMA have a backlog of cases, with some clients waiting weeks for the hub to assign a practitioner to their case. In contrast, Barwon and Mallee assign practitioners to most cases within two weeks.

The backlog is due to many factors, including recruitment challenges, CSOs bringing across existing caseloads, and practitioners learning new processes and systems. The various implementation issues also made it difficult for hubs to provide timely support in their first months.

FSV advised us that the backlog should not include high-risk clients. FSV's guidance documents state that practitioners should prioritise these cases for immediate action as part of their triage processes. However, FSV could not show how its backlog monitoring process incorporates information on client risk levels or triage priorities. FSV cannot track whether hubs are supporting high-risk clients more quickly, but it has formalised the priority rating system at triage to help hubs manage priority cases.

Demand management strategy

FSV did not develop a statewide policy on how to manage demand until nearly two years after the first hub opened. In its absence, hubs developed different strategies to manage demand. Inconsistent and reactive strategies mean clients across the state may not have the same access to timely support.

Monitoring and analysing demand

By combining information about key services in one database, hubs present an opportunity to improve the government's understanding of service demand. However, FSV's monitoring and analysis of hub demand is limited. Although it collects information from hubs about their demand issues, it does not include this in the quarterly reports it gives to government and hub governance groups. As a result, key decision-makers are missing information that would help them plan services to better meet clients' needs.

Managing and monitoring performance

Critical gaps in FSV's performance management mean it does not know if clients receive quality and timely services at hubs:

- FSV does not plan to finalise a performance framework for hubs until 2021, three years after the first hub opened.
- FSV's quarterly service delivery reports do not analyse trends in hub activity and lack key information about demand and service quality.
- FSV has not set collective targets for hub partnerships, and partnership agreements lack a mechanism to address collective performance issues.
- There is no measure for service integration.
- The client relationship management system (CRM) does not provide all of the data that FSV needs, meaning it cannot report on aspects such as timeliness of service and the number of high-risk clients.
- The CRM includes few mandatory fields, meaning FSV is missing data about whether hubs effectively support communities who face more barriers to access services, such as culturally and linguistically diverse (CALD) communities and people with a disability.

Partnership agreements set out the roles and responsibilities of FSV, DHHS and the Aboriginal services and CSOs in the hub. They also formalise local governance structures and set out a vision for the hub.

The **CRM** is a software system that records case information to support hubs to assess and respond to clients' needs.

An **outcome** is the impact that a service has on individuals or the wider community.

An example of an outcome for hubs is that connection to early interventions and supports prevents harm to people at risk of violence and vulnerable children.

Outcomes for clients beyond the hub

Critically, FSV lacks information about what happens to clients once they leave hubs to receive other services. One of the key roles of hubs is to improve service pathways for people affected by family violence and families needing help to care for their children. Gathering this data is difficult, as it relies on accessing information from other organisations and data systems. However, better feedback loops with external service providers would allow FSV to monitor client outcomes beyond hubs.

Governance arrangements

FSV's governance structure does not support effective performance management of hubs. FSV has not defined the reporting relationships between the multiple statewide and local governance groups responsible for implementing and operating hubs. As a result, it cannot track whether it has addressed all issues raised by local groups to the statewide level.

In addition, the large number of statewide governance groups makes it difficult to identify responsibilities for hub performance at the statewide level.

Continuous improvement and risk management

FSV has improved hubs based on lessons learnt from the rollout of the first five hubs and their early operations. However, FSV lacks reliable data on hub operations to understand what it needs to improve and lacks a process to consolidate and prioritise improvements. This means FSV cannot be sure it is making the right improvements at the right time.

Recommendations

We recommend that the Department of Health and Human Services:

1. completes detailed plans outlining how it will open remaining hubs and transition them from the foundational to the full model of operations. These plans should:
 - map the interdependencies between all hub-related projects and sequence them
 - set realistic milestones for completion of each project
 - include detail on how it will complete projects
 - establish and apply criteria for prioritising projects for delivery (see Sections 2.3, 2.5 and 4.6)
2. improves statewide consistency of hub operations and practice by:
 - refining and finalising the Integrated Practice Framework so that it includes the practical detail needed to support practitioners on how to implement it
 - developing and communicating minimum standards for providing coordinated services to clients including how and when practitioners should share information, and assessing hubs' compliance with these (see Sections 3.2, 3.3 and 3.4)

3. drawing on the experiences of the open hubs, works with hub partners to develop and run comprehensive training on coordinating service responses for clients, supplemented by other activities, such as supervision, to further develop this capability (see Section 3.2)
4. works with local Aboriginal services and community representatives to roll out mandatory cultural safety training that is specific to hub functions and operations, for all hub staff (see Section 3.2)
5. works with hubs to strengthen their support for children, including:
 - increasing the focus on children experiencing wellbeing issues, including developing a single tool for use across all hubs that ensures hubs consistently assess and document child wellbeing risk whether in a family violence or other context, and is aligned with the Best Interests Case Practice Model
 - integrating the knowledge, advice and support of community-based child protection into child-related assessments and decisions in hubs (see Sections 3.3 and 4.3)
6. improves monitoring and reporting on demand in hubs by:
 - setting measures and targets for service backlog and timeliness, and including performance against these in regular service delivery reports
 - updating the client relationship management system so that it can track when clients are awaiting a response because of capacity issues at external services (see Section 3.5)
7. finalises a performance monitoring framework for hubs that includes:
 - indicators, measures and targets for the quality, timeliness and outcomes of services in hubs
 - mechanisms to capture and aggregate information about pathways for clients who the hub refers to external services and outcomes for hub clients
 - a definition of coordinated and integrated practice and methods to measure it (see Sections 4.2, 4.3 and 4.4)
8. improves the client relationship management system to allow collection of data on the quality, timeliness and outcomes of hub performance (see Section 4.3)
9. clarifies and formalises governance arrangements so that it is clear how:
 - the Department of Health and Human Services oversees Family Safety Victoria's performance in delivering and supporting the hubs, including risks associated with the hubs reform
 - Family Safety Victoria holds itself to account for the hubs reform, including the management of the reform's risks and performance
 - local hub governance bodies escalate risks and issues to the statewide level (see Section 4.5).

Response to recommendations

We have consulted with DHHS and FSV, and we considered their views when reaching our audit conclusions. As required by the *Audit Act 1994*, we gave a draft copy of this report to those agencies and asked for their submissions or comments. We also provided a copy of the report to the Department of Premier and Cabinet (DPC).

The following is a summary of those responses. We include the full responses in Appendix A.

DHHS accepted all nine recommendations and provided an action plan detailing how it will address them.

1

Audit context

In response to the Royal Commission, FSV is setting up 17 hubs to make it easier for people who experience or perpetrate family violence, or families and children needing support, to get help. To do so, FSV must bring together different service providers into a new model of service delivery.

This audit examines whether DHHS and, in particular, FSV are supporting hubs to effectively and efficiently coordinate services for families.

1.1 Why this audit is important

Family violence can cause lasting physical and psychological harm to those who experience it, including children who are exposed to it. For example, in Australia:

- one woman is killed every 11 days by her current or former partner
- intimate partner violence is the leading contributor to negative health outcomes for women aged 18 to 44
- family violence is the largest cause of homelessness for women.

Family violence is also a key contributor to child vulnerability. In Victoria, family violence is a factor in almost half of all reports to child protection. Children who experience family violence—or whose parents cannot care for them for other reasons—have an increased risk of experiencing poorer outcomes later in life. This includes an increased risk that they will experience or perpetrate family violence as adults.

Reported family violence incidents have increased in recent years. Victoria Police attended 82 652 incidents in 2018–19 compared to 70 901 in 2014–15. This is an increase of 16.6 per cent. In the same time, Victoria's population grew by 11.9 per cent.

Why this audit is important now

The Royal Commission has led to reform of the way people access family violence and child and family services. Hubs are a new service delivery model that integrate the entry points of these service systems.

The Victorian Government committed \$448.1 million over four years from 2017–18 to 2020–21 to open 17 hubs across the state.

The first five hubs have been operating for between 18 months and two years. This audit provides an opportunity to determine whether FSV is providing the support and oversight needed to set hubs up for success.

1.2 What is family violence?

The *Family Violence Protection Act 2008* defines family violence as behaviour that is physically, emotionally or economically abusive, threatening, coercive or controlling.

Family violence includes intimate partner violence but can also occur in any family or family-like relationship, including between a person with a disability and their carer.

However, as shown in Figure 1A, family violence affects some groups more than others.

Figure 1A
Groups disproportionately affected by family violence

Group	Rate at which family violence affects them
Women	In 2018–19, three out of four adults affected by family violence incidents attended by Victoria Police were women.
Aboriginal and Torres Strait Islander peoples	In 2013–14, an Aboriginal person in Victoria was 7.3 times more likely to be affected by family violence than a non-Aboriginal person.
Rural and regional communities	In 2018–19, the 18 local government areas with the highest rate of family violence incidents attended by Victoria Police were outside metropolitan Melbourne.

Source: VAGO, based on information from Crime Statistics Agency and the Royal Commission.

The Royal Commission explored the way that diverse communities experience family violence, including:

- CALD communities
- people who identify as lesbian, gay, bisexual, transgender or intersex
- people with disabilities.

It found that data on the prevalence of family violence in these communities is unreliable. As a result, family violence is less understood in these communities than other parts of the Victorian community.

These groups also face more barriers to accessing help. They may not know what support services are available and may mistrust services due to negative experiences. Language barriers, shame and stigma, and difficulty physically accessing services may also stop people from seeking help.

1.3 Royal Commission into Family Violence

The Victorian Government launched the Royal Commission in February 2015. It published its final report in March 2016 and made 227 recommendations. These recommendations aimed to improve family violence prevention and responses in Victoria. The government accepted all of them.

The recommendation for hubs

The Royal Commission found that the family violence service system did not meet the needs of people experiencing family violence.

The Royal Commission found that ...	This meant that ...
pathways into the family violence service system were confusing and not easily visible.	people who needed family violence services had difficulty finding and accessing the help they needed.
there was a lack of consistent collaboration between the services that work with people affected by family violence.	family violence services did not fully understand the risks to their clients. family violence services did not take a whole-of-family view to give a consistent service response for the family. family violence services did not refer people to the full range of services that they needed—for example, to mental health or housing services. victim survivors had to repeat their story to multiple services, making them relive traumatic experiences.
there was a lack of focus on the needs of children experiencing family violence.	children were not getting the services that they needed.

To address these problems, the Royal Commission recommended that the Victorian Government establish hubs in each of the state's 17 DHHS areas by 1 July 2018.

The Royal Commission recommended that hubs be in accessible and safe locations that:

- are a visible contact point so people know where to go for support
- receive referrals from police and other professionals
- provide a single-entry point into local family violence and child and family services
- perform risk and needs assessments
- refer clients to the services they need.

In addition to responding to family violence, hubs support families needing help to care for children, regardless of whether family violence is present.

1.4 Support and safety hubs

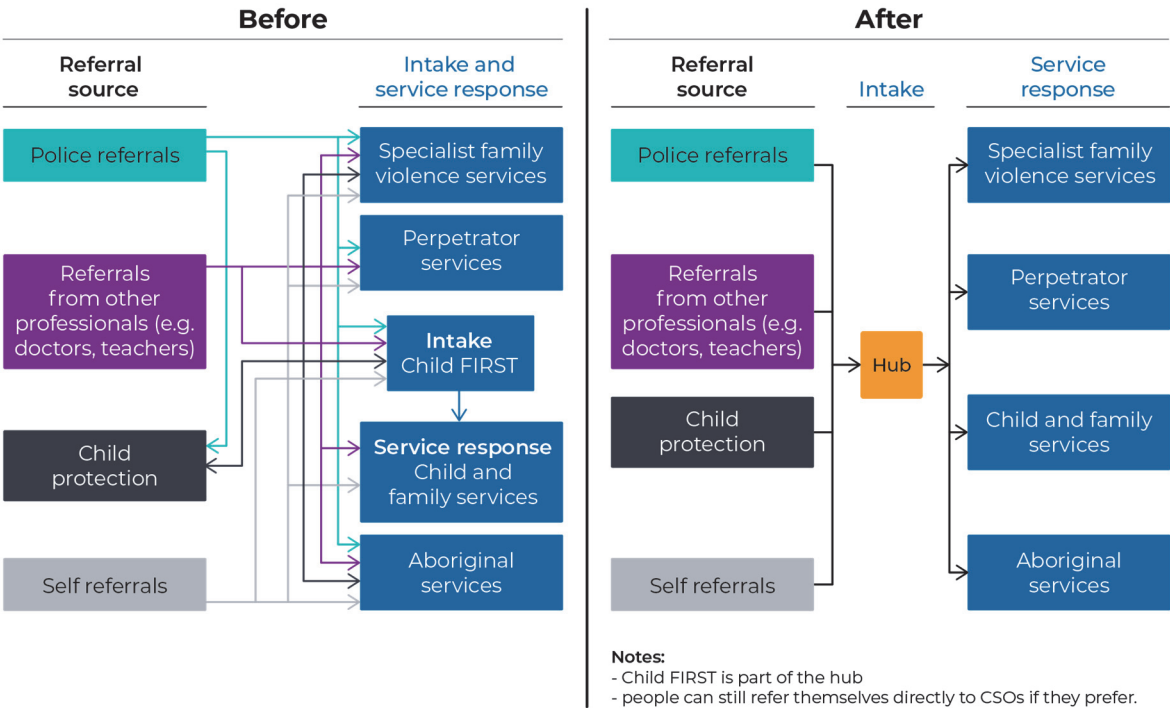
In 2016, the Victorian Government released *Ending Family Violence: Victoria’s Plan for Change*, outlining its response to the Royal Commission’s recommendations. It sets out the government’s planned reforms, including the introduction of hubs. Hubs represent a major change in the way people experiencing family violence, and families and children in need of support, get help.

A **referral pathway** is the process by which agencies, services and professionals direct people to the services they need.

Hubs aim to make it easier for families to find the help they need by simplifying referral pathways and coordinating support. This involves a range of agencies and practitioners adapting their traditional ways of working so that they can work together.

Figure 1B compares referral pathways into family violence and child and family services before and after the hubs.

Figure 1B
Referral pathways before and after hubs



Source: VAGO, based on information from FSV.

Intake is when an agency receives and assesses a referral to determine an appropriate response for the client.

Child FIRST is the intake point into child and family services.

Hubs replace intake points for police referrals and Child and Family Information, Referral and Support Teams (Child FIRST), but do not replace specialist services providing case management, counselling, support and accommodation. The CSOs that delivered these services continue to do so outside the hub.

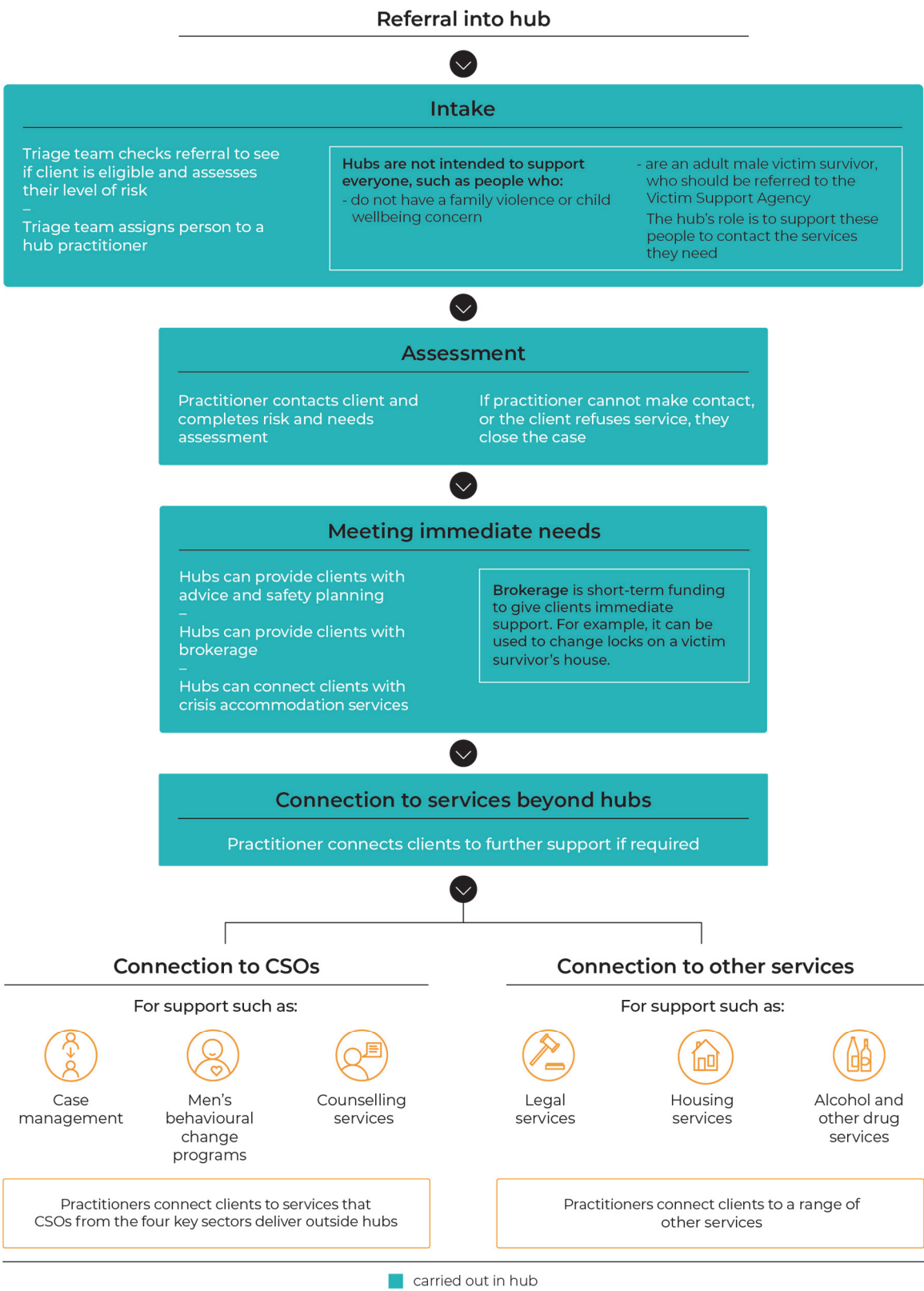
While hubs receive most referrals, they are not the only way for people to access support. Services can still accept referrals if it is appropriate in the circumstances, meaning there is no wrong way for people to access support.

The government has now branded hubs as The Orange Door.

What happens in a hub?

Figure 1C shows a client's pathway through a hub.

Figure 1C
What happens in a hub



Source: VAGO.

Although there are several referral pathways into a hub, police reports made up 64 per cent of referrals in 2018–19. Clients can visit a hub to receive services, but practitioners usually engage with clients by phone, if it is safe to do so.

Service sectors

Hubs bring practitioners together from four key service sectors:

Service sector	They work with ...
specialist family violence services	women and children affected by family violence. They support victim survivors to meet their emotional, practical and safety needs.
perpetrator services	men who use violence, encouraging them to take responsibility for their actions and change their violent behaviour.
child and family services	families who need support to provide a safe and caring environment for their children.
Aboriginal services	Aboriginal peoples to provide support for victim survivors, people who use violence, and families.

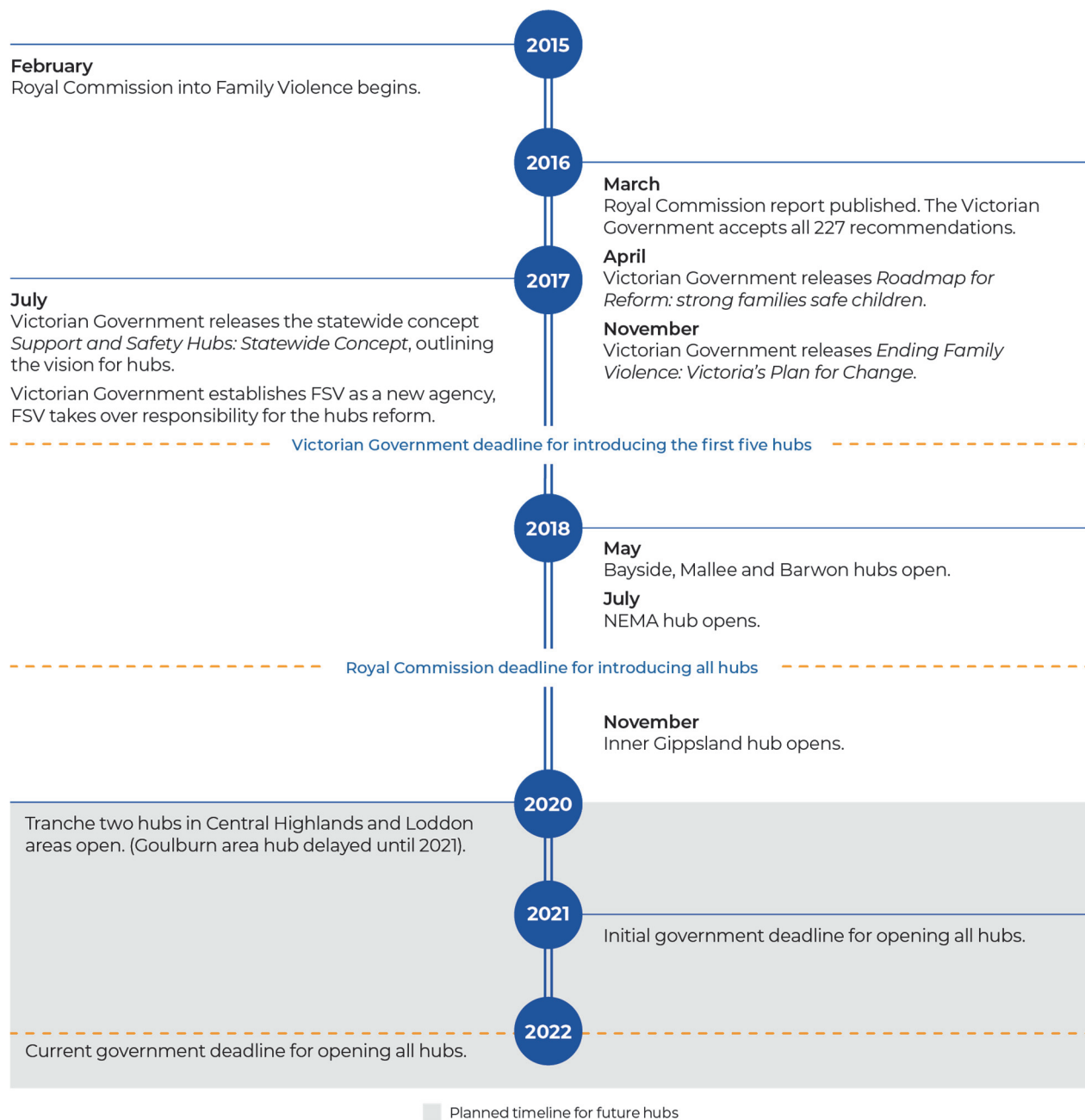
The different service sectors evolved separately. Each sector has historically focused on the needs of its own client groups and has a peak body to represent it. In addition, each CSO has developed its own policies, leading to inconsistent approaches to service delivery across the family violence and child and family service systems.

Integrating the different service sectors into a single intake point allows hubs to bring together information about the entire affected family. This ensures that each family member receives an appropriate, specialist response.

Progress towards opening hubs

The Royal Commission recommended the government open all 17 hubs by 1 July 2018. The Victorian Government committed to opening the first five hubs earlier than this, by late 2017. Figure 1D shows progress towards opening hubs.

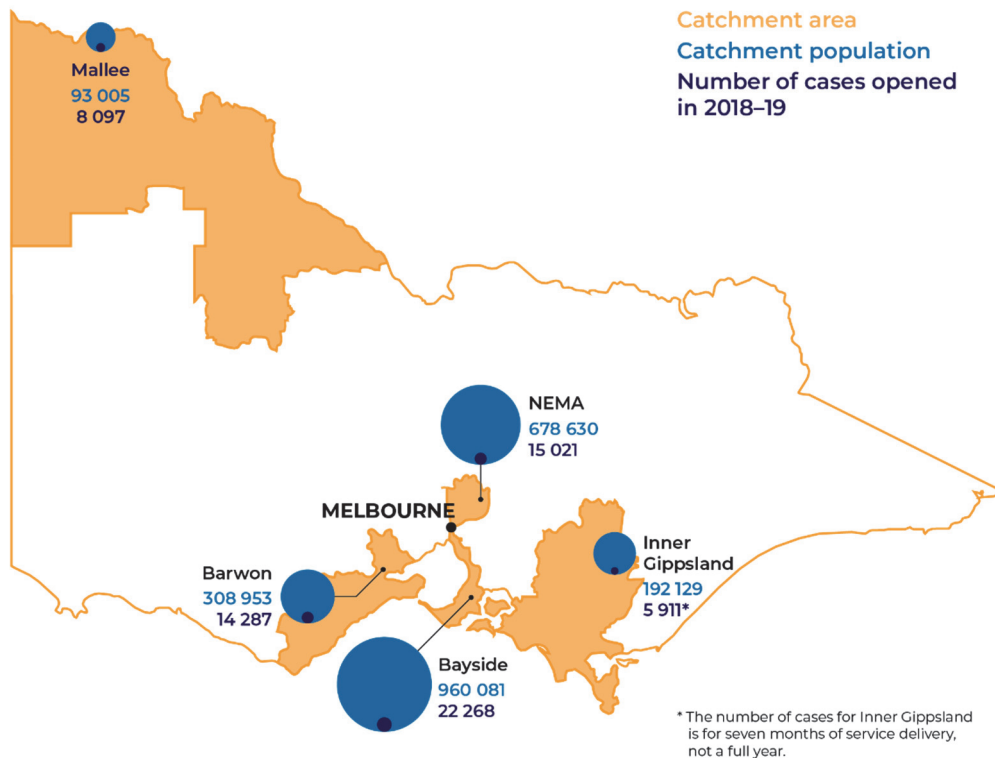
Figure 1D
Timeline of progress in opening hubs



Source: VAGO.

Figure 1E shows the location of the first five hubs and the population of the DHHS catchment areas they serve.

Figure 1E
Location of the first five hubs



Source: VAGO, based on information from FSV and Australian Bureau of Statistics.

The next three hubs will be in the Central Highlands, Loddon and Goulburn areas. FSV planned to open all 17 hubs by 2021, but delays in finding suitable premises have pushed this back to 2022.

1.5 Roles and responsibilities

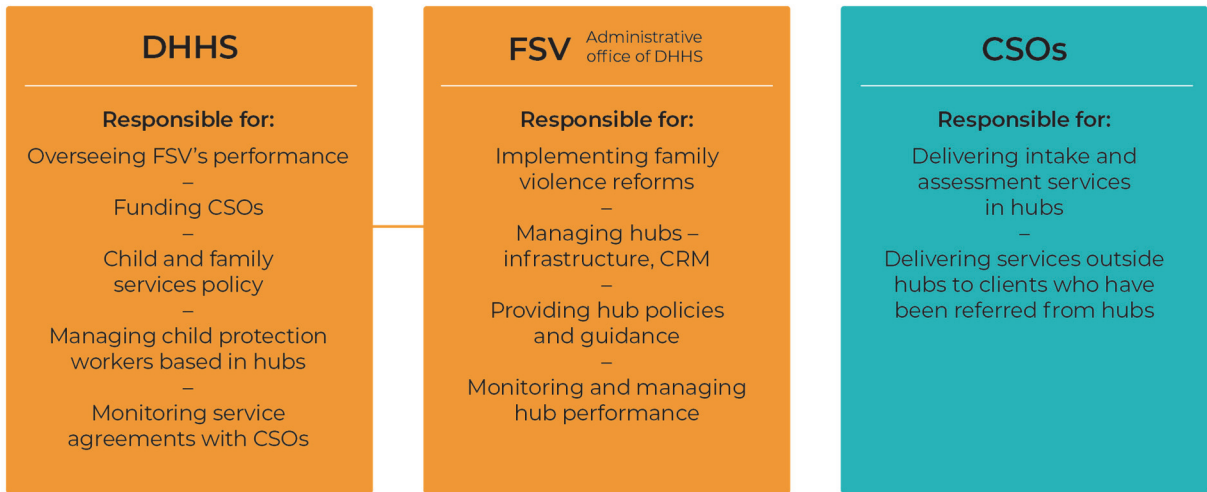
An **administrative office** is a part of a government department set up to undertake a task. It reports to the head of the department but can also directly advise ministers.

In July 2017, the government established FSV to coordinate the delivery of family violence reforms, including setting up and managing hubs. FSV is an administrative office within DHHS.

Each hub is a partnership between FSV, DHHS and CSOs—including Aboriginal services—funded by DHHS and already operating in those local areas. These partnerships decide how their hub operates, in line with statewide policies and guidance.

Figure 1F shows that DHHS, FSV and CSOs all have responsibilities related to hubs.

Figure 1F
Key roles and responsibilities for DHHS, FSV and CSOs



Source: VAGO.

FSV engages with a range of other government agencies to oversee the delivery of the hubs reform, along with the community services sector and people with lived experience of family violence.

Hub staff

CSOs employ practitioners to assess client needs and risks and refer them to the services they need. Each hub also has practice leads employed by CSOs to guide practitioners on integrated practice, culturally appropriate responses for Aboriginal people and complex family violence cases.

FSV employs staff in hubs to support these practitioners. This includes:

- a hub manager to provide strategic and operational leadership
- operational staff to ensure that the hub is running smoothly
- a service system navigator to make local connections that make it easier for clients to access and navigate the service system.

Practitioners report to a team leader in the hub, who may be from a CSO other than their own. Because they remain employees of their CSO, practitioners also report to their own manager, who may not work in the hub.

Hub governance

Each hub has a hub leadership group (HLG) and an operations leadership group (OLG) to provide collective leadership. OLGs manage operational issues such as deciding team structures for practitioners within the hub. HLGs provide overall leadership to ensure each hub delivers services to clients effectively. Each HLG and OLG includes representatives from each hub partner—FSV, DHHS and CSOs—as well as Victoria Police.

1.6 Other reforms

The government's *Ending Family Violence: Victoria's Plan for Change* outlines other family violence reforms the government is introducing. Some of these are critical to allow the hubs to operate.

Reform	The reform ...
The Family Violence Information Sharing Scheme	enables workers in hubs and other designated organisations to share information about clients to form a comprehensive risk assessment.
Family Violence Multi-Agency Risk Assessment and Management Framework	ensures that organisations assess and manage family violence risk consistently.
CIP	consolidates information about a perpetrator from different databases into a single report.

These complement a range of other family violence reforms including the *Safe and Strong: Gender Equality Plan*, *Free From Violence Strategy* and *Building from Strength: 10-Year Industry Plan* for family violence workers.

As part of reforms to address Aboriginal family violence, in October 2018 DHHS released *Dhelk Dja: Safe Our Way—Strong Culture, Strong Peoples, Strong Families*. This Aboriginal-led agreement aims to ensure Aboriginal peoples, families and communities live free from family violence.

Reforms outside of the family violence sector also intersect with hubs. In April 2016, DHHS launched *Roadmap for Reform: strong families, safe children*, which is a key driver of hubs' approach to responding to families and children needing support. This strategy aims to reform the child and family sector to increase integration of services and early intervention. This includes:

- information sharing reforms to increase children's safety and wellbeing
- a new funding model for child and family services to allow them to use their funding more flexibly
- embedding Aboriginal self-determination in child and family services
- recruiting more child protection practitioners.

1.7 Relevant audits and reviews

Our 2015 audit *Early Intervention Services for Vulnerable Children and Families* found that Child FIRST and child and family services were not providing effective services for vulnerable children and families. We found that:

- DHHS had not done enough to forecast or respond to demand for child and family services
- DHHS did not have effective governance mechanisms to manage Child FIRST partnerships, leading to inconsistent planning and service delivery

- data limitations and lack of outcomes monitoring meant that DHHS did not know whether Child FIRST and child and family services were meeting the needs of vulnerable children.

Existing reviews related to hubs

The Family Violence Reform Implementation Monitor is responsible for monitoring how effectively the Victorian Government is implementing the recommendations from the Royal Commission.

This audit builds on the findings of existing reviews of hubs. The 2019 *Report of the Family Violence Reform Implementation Monitor As at 1 November 2018* found that:

- FSV rushed the implementation of the first five hubs
- FSV did not have a plan to roll out all 17 hubs, or a plan for maturing existing hubs to full operations.

In 2018, FSV commissioned external consultants to evaluate the first four hubs. The external consultants completed *The Orange Door 2018 evaluation* in May 2019. This identified several areas where FSV could improve support service delivery in hubs. We refer to its findings throughout our report.

FSV has also commissioned Monash University to review the family violence information sharing scheme, which has an impact on hub operations. The findings of this review are due to be tabled in parliament in 2020.

In October 2019, the Commission for Children and Young People published its report *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*. The report examined the quality and effectiveness of the responses that child protection and child and family services provided to 35 children who died by suicide between 1 April 2007 and 1 April 2019.

1.8 What this audit examined and how

This audit examined whether hubs are providing effective and efficient service coordination for women and children. We assessed whether DHHS and FSV:

- designed and planned the hubs effectively
- effectively support and oversee the operation of the five open hubs
- have reliable performance measurement and continuous improvement processes to improve existing and future hubs.

We did not audit the CSOs or other government agencies that FSV partners or works with to deliver hubs.

As part of the audit, we:

- analysed documents, including planning documents, guidance and policy documents and meeting minutes
- analysed de-identified client data from the CRM
- interviewed key stakeholders
- visited all five hubs in operation, as well as key stakeholders in the Central Highlands hub.

We conducted our audit in accordance with the *Audit Act 1994* and ASAE 3500 *Performance Engagements*. We complied with the independence and other relevant ethical requirements related to assurance engagements. The cost of this audit was \$590 000.

1.9 Report structure

The remainder of this report is structured as follows:

- Part 2 examines how FSV designed and established hubs.
- Part 3 examines how FSV is supporting operations in hubs.
- Part 4 examines how FSV is managing and monitoring hub performance.

2

Designing and establishing hubs

Opening the first hubs was a significant undertaking. FSV had to design a new service model, locate and fit out premises and develop new IT infrastructure. It also had to recruit FSV staff for its central office and hubs. This work was essential to ensure the new hubs were ready to support clients when they opened.

This Part discusses:

- the design process for hubs
- the implementation of the first five hubs
- FSV's advice to government on implementation risks
- improvements for future implementation.

2.1 Conclusion

To meet the government's tight time frames for delivery, FSV rushed the rollout of the first five hubs. It opened them without all the staff, infrastructure and processes needed to support clients. FSV has learned from this and improved its implementation approach for the next hubs.

FSV consulted extensively with stakeholders to inform its design of hubs. However, its design did not give enough consideration to the risks that stakeholders raised and lessons from similar reforms. If it had done so, the first hubs may have been better prepared to support clients when they opened.

Despite FSV's improvements, the time frame for opening all 17 hubs by 2022 remains challenging. Without more detailed and realistic planning from FSV, future hubs, and their clients, may experience the same issues as those that hindered the first five.

2.2 Design process for hubs

DPC began designing the model for hubs in 2016. FSV assumed design responsibility in July 2017. Building on DPC's work, FSV released a model for how hubs would work, along with other key guidance information, in April 2018.

Building on lessons from other models

As part of the design process, DHHS and FSV reviewed outcomes from service models similar to hubs to learn from previous experience. However, this analysis focused more on the strengths of previous models and paid less attention to weaknesses and risks. As a result, FSV did not proactively plan to avoid the same issues that arose in other models.

Although not focusing on family violence, **Services Connect** involved non-government organisations working together within a partnership model to support clients.

For example, in 2016–17 DHHS commissioned external consultants to evaluate the Services Connect pilot. The consultants recommended three design principles for any future similar projects. FSV failed to adopt these principles when implementing hubs. Figure 2A outlines the principles and where we discuss them in this report.

Figure 2A
Services Connect evaluation—design principles

Design principle	Discussed further in report section
Allocate sufficient time for the development and implementation of initiatives and supporting infrastructure as well as to prepare and equip the workforce to change.	2.3
Design assessment and outcome measures to support individual practice, management and evaluation activities.	4.2
Data accuracy is important and should be supported by well-designed platforms and plans for the use of data.	4.3

Source: VAGO, based on *Services Connect Evaluation Report 3* (2017).

In contrast, FSV has adopted lessons from our 2015 audit *Early Intervention Services for Vulnerable Children and Families*. This found that DHHS did not have effective governance mechanisms to manage Child FIRST partnerships.

The formal partnership agreements that underpin hub governance largely align with the good practice elements for formal agreements between partners that our 2015 audit identified.

Consulting stakeholders

FSV demonstrated a commitment to learning from a range of stakeholders during the design process, including:

- other government departments and agencies, including Victoria Police
- the Victim Survivors' Advisory Council and others with lived experience of family violence
- Aboriginal services and communities
- a range of CSOs
- peak bodies for the service sectors participating in the hubs.

This work enabled FSV to incorporate different perspectives into key hub design documents and to increase awareness of the hubs reform and its objectives. FSV continues to regularly engage with key stakeholders to support development of hub operations and practice.

Conflicting views of stakeholders

One of the key challenges for hubs is the conflicting views of stakeholders. Different peak bodies have different views about how to coordinate services and the level of service integration hubs should achieve.

For example, specialist family violence services have argued the role of child and family services in hubs has expanded from what the Royal Commission had intended, diluting the focus on family violence. In contrast, the external *The Orange Door 2018 evaluation* found that child and family practitioners view the hubs as too focused on family violence, at the expense of child wellbeing.

FSV has not yet resolved these conflicting views. This is in part because it has not provided stakeholders with clear guidance and examples of what service integration looks like in practice.

FSV is aware of this challenge and is working to resolve it, including by introducing an advisory working group to discuss issues with victim survivor and Aboriginal community representatives and the peak bodies representing:

- child and family services
- specialist family violence services
- perpetrator services.

2.3 Implementing the first five hubs

The government initially planned to open the first hubs by the end of 2017, less than six months after it created FSV. The Family Violence Reform Implementation Monitor found the compressed time frame exacerbated inherent risks for hubs and created new issues, particularly in recruitment and finding premises. These issues delayed FSV's opening of the first five hubs by:

- five months for Barwon, Bayside and Mallee
- seven months for NEMA
- 11 months for Inner Gippsland.

Hub project delays

When the first hubs opened in May 2018, FSV had not yet finished several projects it had identified as necessary to support hub management and operation. These included developing a:

- demand management strategy
- framework to integrate the practices of the services in hubs
- suite of performance monitoring and reporting processes.

These projects depended on one another for completion. For example, development of performance monitoring processes relied on FSV finalising workflow processes for hubs.

Despite identifying these interdependencies, FSV did not map a hierarchy of projects and prioritise its work accordingly. Instead, it worked concurrently on most projects to meet tight time frames for opening hubs, meaning delays in some projects delayed others.

Additional factors contributing to these delays were that FSV:

- did not detail how or when it would deliver some projects
- set unrealistic timelines for completing other projects
- had difficulties recruiting staff in its first year.

FSV improved its project planning for subsequent years by detailing how and when it would complete projects. It also increased its workforce by almost 40 per cent in 2018–19. Despite these improvements, some key projects are still not complete. This includes a performance monitoring framework, which we discuss further in Section 4.2.

Recruiting the hub workforce

As shown in Figure 2B, no hub opened with a full workforce. Bayside—the busiest hub—opened with only half of its full-time equivalent (FTE) positions filled.

Figure 2B
Positions filled at opening

Hub	Positions filled at opening (% FTE)
Barwon	74
Bayside	50
Inner Gippsland	83
Mallee	57
NEMA	78

Source: VAGO, based on data from FSV.

Despite the staff shortages, each hub received every new police referral for its area from its first day of operation. Given that two thirds of all hub referrals come from the police, this represented a significant workload.

Practitioners and other hub staff at Bayside advised that the overwhelming volume of referrals compared to available staff impacted morale. It also contributed to an early backlog of cases at all hubs, which is discussed further in Section 3.5.

Staffing vacancies at some hubs included key FSV operational roles. For example, one hub manager only began in the role a week before the hub opened to the public. This reduced the manager's ability to lead strategic development of hub systems and processes.

FSV has recruited hub manager and other positions earlier for the next tranche of hubs. It has also set a minimum staffing level of 80 per cent of practitioners and 80 per cent of team leaders. While this is an improvement, it is not clear whether this level of staffing will be enough to respond to demand when hubs open.

Finding premises for hubs

FSV struggled to find appropriate sites for the first five hubs within their planned time frames. As a result, Bayside operated out of a contingency location for its first three months. Similarly, Barwon workers spent the first seven months without access to their full hub site.

These issues created challenges for workers due to space limitations and poor IT connectivity, with some staff unable to work at the hub site. This impacted service delivery, taking time and effort away from forming a multidisciplinary culture and practice.

In some cases, these issues continue to have an impact. The Mallee hub does not have enough space for practitioners to work comfortably. As a result, some work out of meeting rooms intended for clients visiting the hub. Practitioners also advised us that the small working space made it difficult to speak on the phone with clients. These issues impact practitioners' ability to ensure a welcoming and positive experience for clients.

Establishing new processes

Hubs are a new approach to family violence and child and family services intake. This requires new processes to guide workers in how to perform their roles.

FSV developed high-level guidance but left it to HLGs and OLGs to establish specific processes for each hub after it opened. This approach allowed hubs to tailor processes to their local needs. However, given the tight time frames to open hubs, it meant clients started to access hubs before processes to support them were established.

It also led to duplication of effort and inconsistent practices. For example, each hub created its own processes and forms for triaging new clients, which do not use consistent language to describe the risk level of clients.

This inconsistency creates a risk that clients will not receive the same quality of service across the state. In addition, time dedicated to developing new processes detracted from the time practitioners had to support clients. Hub representatives are now working together to standardise several processes.

2.4 Advising government on risks

FSV regularly advised government about risks to the success of implementing the hubs reform. However, this advice downplayed some risks and overstated FSV's capacity to manage others. For example, stakeholders raised concerns that the tight timelines for hubs meant that:

- CSOs would not have enough time to recruit appropriately skilled staff

- there would not be enough time to invest in the level of practice, operational and cultural change required for the hubs to succeed.

FSV's advice to government framed this as a stakeholder management concern and recommended that further consultation and engagement would address the risk. However, these concerns reflected real risks that hubs would not be able to support clients when they opened. As outlined in Section 2.3, these risks eventuated in the early rollout of the hubs.

In addition, FSV did not implement all the risk mitigation strategies it had recommended to government. For example, stakeholders raised concerns that CSOs may not be able to manage demand once the hubs opened. FSV advised government on mitigation strategies to deal with this risk, such as developing demand management plans. However, FSV did not develop demand management plans until the hubs had been open for 21 months.

2.5 Improvements for future implementation

Hub operations continue to evolve through significant effort by hub partners and practitioners and FSV's implementation support. FSV has improved its implementation approach for hubs, reducing the likelihood that the issues described in Section 2.3 will reoccur.

Implementation plans for the next three hubs include an outline of lessons learnt from the first five. For example:

For the first five hubs ...	For the next three hubs, FSV has ...
hubs did not start with a full workforce and key operational staff were employed shortly before they opened to the public.	appointed hub managers six months in advance of hubs opening and agreed position descriptions and grade requirements for key hub roles with CSOs.
FSV had trouble securing appropriate premises, which delayed opening of the early hubs.	made its site selection criteria more flexible, started its search for premises earlier and committed to not using contingency sites.
HLGs and OLGS only formed seven months and three months, respectively, before hubs began operations.	established HLGs and OLGS a year before scheduled opening dates, providing more opportunity for these leadership groups to guide and support coordination among CSOs.

In addition, FSV and CSO staff share good practice between the five hubs that are already open and with those next to open. This is helping to overcome inconsistencies in processes and practices that impact hubs' effectiveness. Standardising key processes and practices in this way will also provide a better foundation for future hubs.

Future challenges

Despite the improvements FSV has made, the timeline for rolling out the future hubs remains challenging.

FSV intends to open all 12 remaining hubs by 2022 but has only developed implementation plans for the three due to open in 2020. Considering the impact of rushed implementation on service delivery in the first five hubs, it is critical that FSV develop detailed and realistic plans to open all the remaining hubs.

Reaching full hub operations

Implementing the Royal Commission's recommendations

The Victorian Government accepted all of the Royal Commission's 227 recommendations. In designing the hubs, DPC, DHHS and FSV adopted all elements of the Royal Commission's two key recommendations for the first five hubs.

However, hubs are not yet delivering two recommended elements:

- Hubs still face barriers to providing integrated service responses to clients, which we discuss further in Section 3.3.
- FSV has not fully implemented the required technology to support hub operations and monitoring. For example, the CRM captures limited data on hub client experiences and outcomes. We discuss this further in Section 4.3.

Three other recommendations from the Royal Commission relate directly to establishing operations in hubs. FSV has largely delivered these, although work is still underway to determine how hubs will collaborate with sexual assault services.

Not delivering on these recommendations means hubs do not yet meet the Royal Commission's intent that CSOs better integrate and coordinate their work to support clients. It also prevents FSV and hubs from understanding how well hubs are working.

Delivering the full hubs model

The overarching design documents for hubs are the government's 2017 *Support and Safety Hubs: Statewide Concept* for all hubs and FSV's 2018 *Support and Safety Hubs: Service model* for the first five hubs. These identify that hubs will evolve over time. FSV has not planned how hubs will transition from the initial service model to achieve the statewide concept's full vision for hubs.

Because of the scale and pace of the hubs reform, FSV split the functions of the first five hubs into a 'foundational' subset they would all provide initially and a 'future' full set of functions that they would provide over time. The foundational components included introducing the new intake approach, as well as the service sectors sharing information in new ways and working together in triaging referrals and assessing client risks.

Remote witness facilities
allow victim survivors to
give evidence from
outside the courtroom via
a video link.

The future components that FSV would add over an unspecified time frame include important services that will allow hubs to provide coordinated, accessible and timely support to clients.

FSV has begun work to introduce several of these by the end of 2022, including:

- trialling remote witness facilities in one hub area
- having additional physical access locations within hub areas, at the discretion of hub partnerships
- agreeing working arrangements between hubs and legal, housing and financial services.

FSV is planning to introduce some components after 2022, due to the high level of sector change, implementation effort or funding that these will need. These include:

- extending operating hours to allow hubs to support clients outside the current 9am to 5pm, Monday to Friday hours
- providing a 24-hour statewide business hours and after-hours service from hubs
- expanding the hubs' online presence and functionality, including the capacity for clients to seek help and refer themselves to hubs online.

FSV has not outlined when it will deliver some other components, such as:

- the ability for the CRM to integrate with other information systems
- a statewide toll-free phone number to direct people to hubs
- a common assessment and planning approach across the child and families system, which DHHS is leading.

Without early work on these additional components and clarity on when and how FSV will deliver them, there is a risk that the hubs will not reach their full potential to support clients in the ways they need, and when they need it.

For example, the police respond to many family violence incidents on weekends. Although after-hours arrangements separate to hubs are in place to respond to these, hubs cannot engage with those involved until they open on Monday. In addition, without an expanded online presence, some people in need of help may struggle to access hubs.

Some stakeholders and practitioners also advised us that they need more clarity and certainty about how FSV intends hubs to operate into the future.

3

Supporting hub operations

FSV has a key role to play in supporting hubs, such as by increasing coordination between services. Services working together is pivotal to support families and achieve the intent of the Royal Commission's recommendations and the government's policy commitments to implementing them. Hubs must also manage increasing demand for family violence services and make use of new powers to share information about client risks.

This Part discusses:

- supporting practice and culture change
- integration of services at hubs
- information sharing
- managing demand.

3.1 Conclusion

Underdeveloped guidance, training and analysis mean FSV does not give hubs enough support to ensure clients receive timely and coordinated services. As a result:

- practitioners do not clearly understand how to coordinate their services for all hub functions
- there are inconsistencies in how hubs approach service coordination, information sharing and demand management.

This means clients may receive a different level of service depending on the hub they access, rather than in response to their specific needs.

3.2 Supporting practice change

To facilitate service coordination in hubs, FSV needs to work with partner CSOs to broaden hub practitioners' skillsets. FSV also needs to develop standards and guidelines to reflect an integrated approach to working with people affected by or perpetrating family violence, and with parents and children needing support.

Establishing guidelines for hub practices

In April 2018, FSV published *Support and Safety Hubs: Interim integrated practice framework* (IIPF) to guide integrated practice in hubs. This document provides general principles on integrated practice but does not include operational detail to support hub workers. For example, it states that hubs will ‘participate in multiagency integrated practice to provide timely responses to perpetrators’ use of violence’. It does not describe how this would happen or specify a preferred time period for a response. Without operational and practical detail, practitioners lack a clear understanding of how to integrate their services.

The Orange Door 2018 evaluation found practitioners made limited use of the IIPF and that many had not read it. Hub practitioners advised us that they do not use it regularly because it does not give enough operational detail. The evaluation also found that practitioners were not aware of or did not yet clearly understand FSV’s guide on working with perpetrators.

FSV’s response to the evaluation noted that its practice development reference group, established in June 2019, will address these issues. This group brings together hub representatives to discuss practice development and allows hubs to share better practice ideas. However, it is not clear whether this group will be able to address limitations in FSV’s guidance. FSV has not set any goals for the group and has not given it the task of developing or improving guidance.

Conflicting policies

Service agreements are contracts between DHHS and each CSO funded to deliver services. Service agreements set out the key responsibilities of CSOs and DHHS.

As partners in hubs and through their service agreements with DHHS, CSOs and their practitioners must adopt hub policies, processes and practices. In some cases, these policies and guidance conflict with the CSOs’ own policies. This has led to some CSOs preventing staff from adopting new practices to broaden their approach to family violence and supporting parents and children. Figure 3A outlines an example of this.

Figure 3A
Conflicting policies—home visits

FSV's IIPF allows for home visits where practitioners have determined it is safe to do this. Despite this, some specialist family violence CSOs prevent their staff from conducting them. Home visits allow practitioners to make an informed risk assessment for children if:

- they cannot reliably assess the risk without seeing the family
- the family has not engaged with the hub despite contact attempts.

Family violence practitioners in some hubs have participated in home visits with colleagues from child and family services. They advised us that the visits helped them exchange practice ideas and improve their understanding of clients' needs. Similarly, *The Orange Door 2018 evaluation* found that the ability to attend home visits in multidisciplinary pairs upskilled staff who had not previously worked with children.

If a practitioner's CSO does not allow them to participate in home visits, they may miss an opportunity to build their knowledge and understanding of other disciplines. It also means that clients may receive inconsistent service responses depending on which hub they access.

Source: VAGO.

FSV is aware of this issue and advised us that it is working with stakeholders to reconcile CSO practice with the hub model. However, it did not provide any detail on how or when it will do this.

Training

Induction program

Shortly after opening hubs, FSV ran a four-day induction program for all hub workers. FSV's internal evaluation of this program found that it had a positive impact, with participants building on existing skills and knowledge. However, participants noted that they needed more information about their roles.

Similarly, *The Orange Door 2018 evaluation* found that the induction program did not help workers understand integrated practice or disciplines outside their own.

Additional training

In response to concerns about the induction program, in late 2018 FSV developed three full-day training sessions. These cover:

- family violence
- working with vulnerable children and families
- working with perpetrators.

However, the training ...	Meaning that ...
does not cover how services should work together in hubs to deliver integrated intake services.	there is a missed opportunity to address this known challenge.
is delivered by peak bodies for each sector on separate days.	differences between the sectors are reinforced, and there is a missed opportunity to explore whole-of-family approaches to family violence and child wellbeing.
does not include corresponding mandatory training on how to deliver culturally safe services for Aboriginal peoples.	there is critical gap in how best to provide services to Aboriginal peoples, who, as discussed in Section 1.2, experience family violence at significantly higher rates than other Victorians and face unique barriers to obtaining assistance.

3.3 Integration of services in hubs

In the absence of operational guidance or standards on integrating services, each hub has developed its own approach.

Hubs show positive developments in terms of integrated approaches. However, these are not consistent across hubs. This means clients do not receive the same quality of integrated service across the five hub areas.

For example:

Practice	Advantages	Experience in hubs
Integrated triage processes	Encourages hub practitioners to consider all members of an affected family when identifying risk and prioritising cases.	All hubs have triage processes that allow for input from the four different sectors, but Bayside does not have community-based child protection or perpetrator services represented on its triage team.
Multidisciplinary teams	Practitioners advised us that working in these teams gave them a better understanding of clients outside their own sector. For example, hearing perpetrator practitioners speak with clients gave practitioners from other sectors new techniques to engage perpetrators.	Barwon, Inner Gippsland and NEMA have teams that include members from all sectors. At Mallee, there are not enough perpetrator practitioners for one to be on each team. At Bayside, most practitioners still work in teams according to their own sector.

In addition, no hubs have developed a formal integrated approach to connecting clients to external services. *The Orange Door 2018 evaluation* found that no hubs have a consolidated database or handbook of external services. This would allow practitioners to connect clients to a wider array of services outside their own speciality.

Overall, integration has been stronger where there were close working relationships between CSOs prior to a hub opening. This underscores the importance of allowing time before a hub opens for CSOs to establish relationships and begin collaborating.

Integration challenges

Despite progress towards integrating services, there are still challenges across some sectors:

Sector	Challenges to integration
Community-based child protection	Practitioners advised us they were not included in decision-making about practice changes at hubs. Practitioners advised us they spend more time on administrative tasks such as checking databases than contributing knowledge and subject matter expertise.
Perpetrator services	There is a lack of agreed understanding among hub practitioners on what it means to hold perpetrators accountable for their violence. Low staffing numbers restrict the capacity of perpetrator services to contribute to developing new hub practices.
Aboriginal services	Recruitment challenges at CSOs mean that not all hubs meet FSV's requirement that each hub include two Aboriginal service positions. This has led to high caseloads for Aboriginal Practice Leads, giving them less time to guide practitioners and contribute to development of integrated practice.

Engaging with children

Cumulative harm refers to the effects of repeated harmful circumstances or events in a child's life, such as abuse, neglect or witnessing family violence. It can diminish a child's sense of safety, stability and wellbeing.

The Commission for Children and Young People's 2019 report *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection* found that child protection practitioners were not always able to identify and prevent the risk of cumulative harm to children. This was because they did not see and speak directly with at-risk children to understand their experiences.

While this was specific to child protection workers, there is a risk that hub practitioners will also miss opportunities to prevent cumulative harm to children, because:

- child and family services practitioners advised us that, in their view, there is not enough focus on child wellbeing in hubs
- there is no single tool to consistently assess child wellbeing risk in hubs, although DHHS is redeveloping the Best Interests Case Practice Model to ensure it meets current requirements across the child and families' system, which includes hubs
- FSV is not collecting the right data to understand whether hubs are meeting children's needs, which we discuss further in Section 4.3.

3.4 Information sharing

Alongside other reforms outlined in Section 1.6, the hubs are intended to support increased information sharing between agencies.

Agency information

Practitioners advised us that the ability to access information from other CSOs in hubs is a positive development, supporting more informed and efficient risk assessment. Figure 3B outlines an example of information sharing between CSOs in hubs.

Figure 3B
Case study—checking CSO databases at Mallee

At the Mallee hub, practitioners from all disciplines meet daily to triage new referrals. In advance of this meeting, practitioners check their agency's database to see whether any of the families have had previous contact with their service. This improves risk assessments by helping practitioners understand whether there is a history of family violence or child wellbeing concerns.

The triage meeting also helps practitioners identify other individuals who may need support. We found examples of practitioners identifying additional family members who police had not noted on their referral. This can occur where the family members were not home at the time of the incident.

Source: VAGO.

Despite the advantages of the practice outlined in this case study, it is not consistent across hubs. Barwon, Inner Gippsland and NEMA check relevant databases as part of their triage process. However, Bayside, which has 10 CSOs compared to Mallee's four, does not check all databases because the number makes the task take too long. This means the hub is missing an opportunity to gain a more holistic view of families' needs as the Royal Commission envisioned. FSV has not developed any plans to help Bayside address this issue.

The IIPF notes that practitioners should review available CRM and agency database information but does not make it compulsory to check all databases.

CIP reports

Another way for practitioners to access information in hubs is by requesting a CIP report. As outlined in Section 1.6, the government introduced the CIP in response to a recommendation from the Royal Commission.

The Orange Door 2018 evaluation noted that use of the CIP had informed risk assessment and practice in hubs. Figure 3C outlines an example from the evaluation.

Figure 3C
Case study—CIP report

A practitioner made a CIP request when they were concerned about the risk a perpetrator posed to a client. The client had disclosed that there was a history of family violence for her and for a previous partner of the perpetrator.

The CIP report showed that the perpetrator had an extensive history of family violence against numerous women dating back a decade.

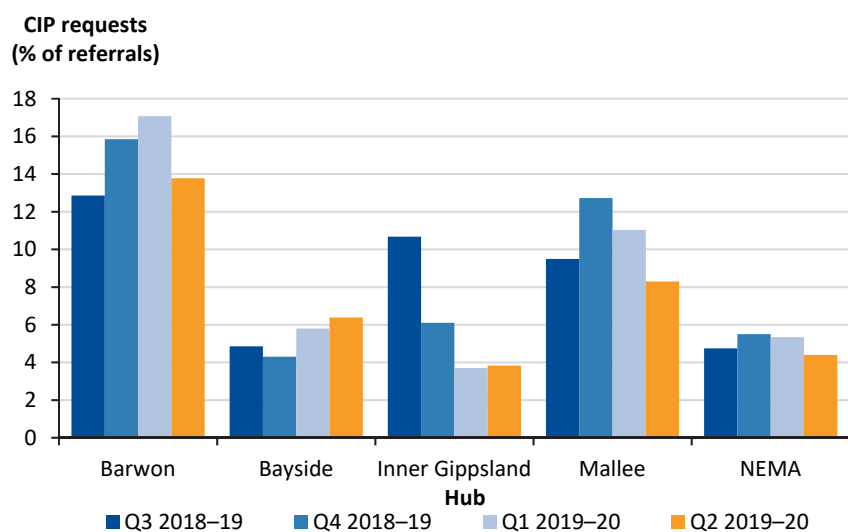
Importantly, the CIP also showed a number of incidents where the perpetrator offended in particular locations. The practitioner advised that this information immediately changed the safety planning they undertook with the client, including a stronger focus on safety at those locations.

Source: *The Orange Door 2018 evaluation* (2019).

Practitioners advised us that there is not enough guidance on when they should request a CIP report, leading to inconsistencies in how often hubs access them.

Figure 3D shows that rates of CIP requests vary considerably between hubs.

Figure 3D
CIP requests as a proportion of referrals per quarter, 2019–20



Source: VAGO, based on information from FSV.

FSV's quarterly performance reports include the number of CIP requests each hub makes. However, FSV has not analysed the variations in the volume of referrals to help understand demand for CIPs and the extent to which hubs are using this service.

3.5 Managing demand

The Royal Commission found that the family violence system faced a higher demand than it could meet.

Demand management policy

As outlined in Section 2.4, stakeholders FSV spoke to during the design process raised concerns about hubs' capacity to meet demand. Despite this, FSV did not develop a statewide policy—now called a demand management strategy—on how to manage demand until 21 months after the first hub opened.

In the absence of statewide guidance, HLGs and OLGs adopted their own strategies to manage demand. Examples include revising workflow processes and dedicating days for practitioners to finish cases. These strategies have helped hubs to tackle demand problems. However, inconsistent and reactive strategies create a risk that clients across the state will not receive the same level of service or timely support.

Demand management strategy

In January 2020, FSV completed a demand management strategy to support a consistent approach to demand across hubs. The strategy includes a:

- description of 'trigger points' that indicate a hub needs to implement its own demand management plan, including low availability of staff or a high proportion of cases awaiting assignment to a practitioner
- template for a demand management plan
- list of demand management strategies that hubs can implement and detail on when they are appropriate
- matrix tool to help hubs measure their capacity against demand pressures.

FSV advised it is planning to roll out the demand management strategy during 2020.

Actual demand in hubs

Stakeholder concerns about demand management problems have eventuated, primarily in the two metropolitan hubs, Bayside and NEMA.

Backlog of cases

All hubs experienced a backlog of referrals almost immediately after they opened, resulting in months-long delays in assessing some cases.

Following an initial backlog in their early months of operation, Barwon and Mallee hubs have not experienced ongoing issues.

Hub partners define a **backlog** as the number of client cases not assigned to a practitioner two weeks after they were referred to a hub.

In contrast, as shown in Figure 3E, backlog remains a concern at Bayside and NEMA in particular.

Figure 3E
Backlog at hubs as of 25 February 2020

Hub	Backlog cases	Average new weekly cases	Backlog as a percentage of weekly cases
Barwon	0	274	0
Bayside	640	478	134
Inner Gippsland	77	198	39
Mallee	3	160	2
NEMA	743	324	229

Note: Average new weekly cases calculated from all cases from hub commencement to 25 February 2020.

Source: VAGO, based on data from FSV.

This backlog is due to factors such as:

- the need for hub workers to spend time developing and learning new processes and systems
- a lack of shared understanding among practitioners about the types of activities necessary for integrated intake and assessment
- recruitment challenges and subsequent low staffing levels, as outlined in Section 2.3
- some CSOs bringing existing caseloads into hubs.

Family violence rates are increasing in Victoria but FSV has not quantified the effect increasing rates have on demand and therefore backlog.

HLGs monitor their hub's backlog and implement strategies to address it. For example, in May 2019 NEMA established a priority team that deals only with cases awaiting assignment.

FSV advised that the backlog does not include high-risk clients because hub staff prioritise these for immediate action as part of their triage processes. However, FSV could not show how its backlog monitoring process incorporates information on client risk levels or triage priorities. FSV cannot readily track whether hubs are actually addressing high-risk cases more quickly but it has formalised the priority rating system at triage to help hubs manage priority cases.

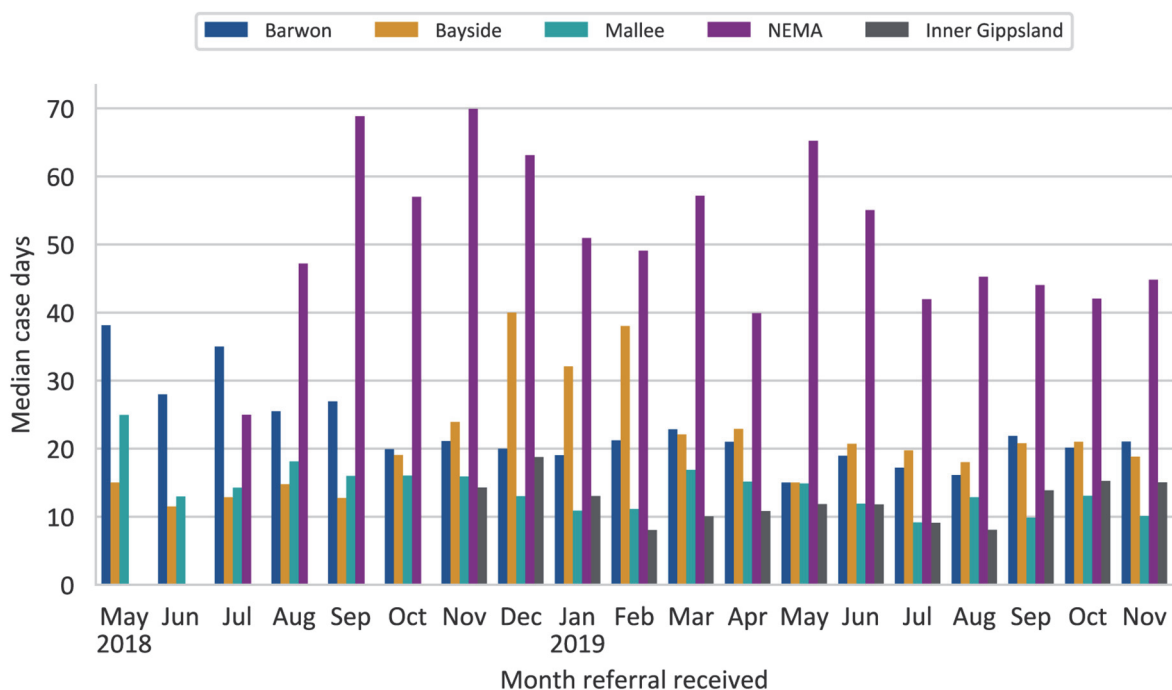
The length of time hubs take to **finalise a client case** varies depending on the types of help a client needs. For example, support for families needing help with children usually takes longer than support related to family violence needs.

FSV advised it is planning to introduce measures on how long cases have remained unassigned.

Timeliness in finalising cases

Most hubs initially took longer to close cases, for many of the same reasons that led to the backlog. However, Figure 3F shows that the median case length at NEMA in particular has been consistently higher than the other hubs.

Figure 3F
Median case length by hub, May 2018 to November 2019



Note: Includes weekends and public holidays.

Source: VAGO, based on data from FSV.

The **median** is the midpoint of a dataset. It can be more useful than using the average of a dataset, which can be more affected by outliers.

FSV's data does not enable it to explain NEMA's case length. For example:

- FSV's data did not enable us to differentiate the number of cases involving families needing support with children, but it is unlikely that NEMA would have a much higher proportion than other hubs.
- NEMA's longer median case lengths are not attributable to it having a smaller workforce relative to the number of client cases it receives, as NEMA has the second lowest number of monthly cases per practitioner.

Although FSV's design documents refer to hubs giving timely support to clients, FSV has not defined this or set a benchmark for case length. This makes it difficult to determine whether current case length reflects a timely service for clients. In addition, there is a risk that the significant differences between hubs means clients are not receiving the same level of service across the state.

FSV advised that timeliness issues are partly due to limitations in the broader service system. Practitioners sometimes put cases in 'active hold'—keeping cases open on the CRM while they await responses from external services. FSV does not collect data on the number of cases in active hold. This makes it difficult to determine to what extent timeliness issues are due to hub performance or limitations in the broader system.

Monitoring demand

In bringing information from key service sectors together in one database, hubs present an opportunity to improve the way the family violence and child and family services systems understand demand.

Despite this opportunity, FSV's reporting on demand in hubs is limited. It collects qualitative and quantitative information from HLGs and OLGs about their demand issues but does not analyse this in its quarterly reports to government and local and statewide governance groups. Without this analysis it is harder for individual hubs, CSOs and FSV to make decisions about the resources necessary to support clients.

FSV advised it is improving its performance monitoring dashboard so that that it includes live information about case backlogs.

Whole-of-government demand modelling

DPC is developing a model for demand across the whole family violence service system, including the service sectors, Victoria Police and courts.

This model will help the government to understand current and future demand across both the human services and justice sectors of the family violence service system. It will also provide information about pathways through the service system and the impacts of demand.

However, DPC cannot use demand data from hubs to help develop the model, as this data is still unreliable. As a result, the model is missing data from the main entry point to the service system for five out of 17 areas across Victoria. This means FSV and government agencies cannot yet understand demand for hubs in the context of demand for the whole service system.

4

Managing and monitoring hub performance

Effective performance monitoring is necessary to allow FSV to understand how hubs are supporting clients and to make changes when needed. A key task for FSV is to develop an approach which reflects the purpose of hubs and their partnership model of service delivery.

This Part discusses:

- managing hub performance
- availability of performance information
- evaluating hub outcomes
- governance arrangements
- continuous improvement.

4.1 Conclusion

FSV cannot tell whether hubs are delivering a timely, coordinated and quality service to clients because it:

- lacks meaningful and reliable data to measure performance, client experience and outcomes
- has not set measures and targets for hubs, and so has not defined what good hub performance looks like.

As a result, FSV cannot advise government and other stakeholders whether hubs have improved outcomes for families and people affected by family violence.

FSV is committed to improving hubs so that they better support clients. However, weaknesses in its governance arrangements and continuous improvement processes mean FSV cannot be confident it is identifying and prioritising the right improvements.

FSV is developing tools to better support performance monitoring and effective governance. However, by not having these earlier, it has missed opportunities to collect and act on early evidence of what works.

4.2 Managing hub performance

Because hubs bring together CSOs in a partnership to deliver services, performance management needs to occur at the CSO, hub and statewide levels.

As shown in Figure 4A, mechanisms to manage and monitor performance exist at all three levels. However, these mechanisms lack measures and targets that reflect joint responsibility for service delivery in hubs, particularly at the hub level. This makes it hard for all parties to oversee hub performance, address poor performance and hold themselves to account.

Figure 4A
Existing performance management mechanisms for hubs

Level of performance management	Mechanisms for managing and monitoring performance	Agencies that receive performance information
CSO performance	Service agreements	DHHS and FSV
Hub performance	Partnership agreements	HLG
	Reporting dashboards	FSV, hub leadership staff
Statewide performance	Service delivery reporting	Victorian public, government, DHHS, FSV, local and statewide governance groups—different audiences receive different reports
	Budget Paper 3 measures	Department of Treasury and Finance and government

Source: VAGO.

FSV is developing a performance framework for the hubs. It aims to build on these mechanisms and fill gaps in measures and targets so that it defines and measures success for the hubs across all three levels.

CSO performance

In addition to funding for hubs services, CSOs receive DHHS funding for a variety of other services that they deliver outside hubs. DHHS contracts CSOs through service agreements that cover all these services, not just those within the hub. In general, a CSO's hub-based services represent only a small part of the total services DHHS funds them to deliver. As a result, hubs work receives little focus during DHHS's service agreement reviews.

FSV and DHHS rely on the measures and targets in service agreements as the main mechanism to monitor the performance of CSOs in hubs. These targets focus on two outputs, the number of:

- assessments CSOs undertake
- FTE that CSOs employ in practice lead roles.

These targets allow DHHS to hold CSOs accountable for delivering the work it funds them for. However, because these measures and targets do not cover service quality, they do not give DHHS and FSV a full picture of CSO performance in hubs.

In addition, relying solely on service agreements to monitor and manage CSO performance makes it difficult for FSV to measure how well CSOs are working together to coordinate services and meet the goals of hubs. Coordination is a challenge for hubs, as discussed in Section 3.3.

Planned improvements

DHHS and FSV are working together to clarify their overlapping responsibilities for performance and service agreement monitoring.

New measure on service delivery hours

FSV and DHHS plan to include hours spent in supporting a client as a measure in future service agreements. This will show how many hours different CSOs dedicate to clients.

FSV and DHHS could use this increased understanding to better plan and fund services for clients.

Royal Commission recommendation on service agreements

In addition to its recommendation to establish hubs, the Royal Commission recommended the government introduce contractual performance measures that better reflect the objectives of CSOs delivering family violence services.

The government's response to this recommendation is still in progress, with a forecast implementation date of 31 December 2020.

Hub performance

Partnership agreements

Under the partnership model, all hub partners are jointly responsible for the success of their hub. Partnership agreements state that hub partners—CSOs, FSV and DHHS—must work together to meet collective targets. However, neither partnerships nor FSV have set these targets or established indicators that will tell them how well their partnership is working.

In addition, the partnership agreements do not identify how DHHS and hub partners should respond to any collective underperformance. In December 2019, FSV revised the partnership agreements to clarify roles and responsibilities of hub partners and local governance arrangements. However, these revisions do not identify responsibilities for addressing underperformance of a hub partnership or failure to meet defined collective targets. As a result, two years after they first launched, hubs still operate without a mechanism to address collective performance issues. FSV advised us that its planned performance framework will provide a mechanism to do this.

HLGs and OLGs

HLGs and OLGs are responsible for monitoring their hub's performance and improving client experience. HLGs set an annual work plan—which the partnership has joint accountability for achieving—and monitor progress against it. HLGs do not formally report their work plans or progress against them to FSV's central office. In addition, as the partnership agreements do not contain accountability mechanisms, it is unclear what would happen if the partnership failed to achieve its work plan.

FSV staff working in the hubs produce their own reports from CRM data to help their HLGs monitor performance.

Producing individual hub reports from CRM data ...	However, this also ...
gives hubs flexibility to report on information that meets their local needs.	leads to inconsistent performance monitoring practices across the hubs.
	makes it difficult to compare the performance of hubs and inform sharing of better practice.
	risks sending conflicting messages to FSV, CSOs and hub staff about performance.

In August 2019, FSV gave CSOs access to the hubs online reporting dashboard. This enabled CSOs to monitor their practitioners’ workloads and analyse service response trends.

Statewide performance

Performance framework

A performance framework allows an organisation to define success so that it can identify and address what is working, as well as underperformance. FSV does not have a completed performance framework for hubs. As a result, it cannot assess if hubs are meeting their objectives.

FSV originally intended to complete a performance framework by July 2018 but revised this to June 2021. It advised that this three-year delay is due in part to resourcing constraints, and also to account for the development of different hub practices.

FSV’s performance framework will apply to each level of hub performance—CSO, individual hubs and statewide.

Budget Paper 3 provides an annual overview of the services that the Victorian Government funds.

FSV's planned performance framework aims to ...	Progress to date includes ...
define expectations for hubs performance.	some expectations are defined through hub partnership agreements and CSO service agreements.
identify key performance indicators (KPI) and measures.	the statewide Budget Paper 3 output measures and some CSO measures have been developed.
use evidence to improve performance.	some performance management mechanisms are in place for CSOs through targets in service agreements, and some reporting is in place.

The delay in defining expectations for hub performance and in finalising and implementing the framework is a significant missed opportunity to collect early evidence of what works in hubs. It also means FSV may not collect the right evidence to identify whether hubs actually improve outcomes and experiences for families and people affected by family violence.

Key performance indicators

In the absence of a completed performance framework and suite of indicators, FSV uses its three high-level Budget Paper 3 measures to assess statewide performance of hubs. These are shown in Figure 4B.

Figure 4B
Budget Paper 3 measures for hubs

Measure	2018–19 target	2018–19 result (for five hubs)
Number of assessments undertaken at eight hubs	8 750	10 808
Percentage of assessments completed within agreed time frames (six weeks for 2018–19)	80	79
Percentage of clients satisfied with hub services	80	80

Note: The Budget Paper 3 targets were based on the planned opening of eight hubs by the end of June 2019 but only five hubs had opened by then.

Source: VAGO, *Victorian Budget 19/20 Service Delivery: Budget Paper No. 3* and *Department of Health and Human Services annual report 2018–19*.

Although these measures provide some useful information about hub performance:

- FSV does not collate this information at the hub level to compare performance across hubs
- the assessment target was not useful—five hubs exceeded the target expected of eight hubs

- as client satisfaction was based on a pilot survey in only two hubs it did not provide a reliable indicator of overall client satisfaction across hubs. The survey now includes all hubs, as we discuss in Section 4.3.

FSV advised that there are barriers to developing appropriate statewide KPIs for hubs:

Barrier	However,
Practices differ between hubs and CSOs.	clients deserve a consistent quality of service regardless of where they live.
Some KPIs can incentivise poor performance, such as practitioners closing cases early to meet a timeliness KPI.	while this is a challenge, FSV can address this by developing KPIs that address the full range of hub performance, including quality, timeliness and safety.

Service delivery reporting

FSV has already developed several reporting elements, including regular service delivery reports and reporting guidance and data definitions.

We examined its quarterly service delivery reports because they include more analysis than some other reports. They are based primarily on CRM data but also contain workforce data and manually verified data on allocations, referrals and brokerage.

Brokerage is short-term funding that hubs can use to give clients immediate support. For example, hubs can use brokerage funding to change locks on a victim survivor's house.

The FSV service delivery reports ...	Meaning that ...
focus on the volume of referrals to each hub, rather than the quality of service.	they do not give a meaningful picture of how hubs are performing to support management decisions and continuous improvement.
do not analyse whether trends in referral numbers are positive or negative.	
lack analysis of key data, including the: <ul style="list-style-type: none"> • demographics of people accessing the hubs • number of clients who have repeat contact with hubs • number of high-risk clients • impact of CIP reports on assessment of risk and need • backlog of cases or timeliness of finalising cases • outcomes for clients once they leave the hubs. 	

These issues are due in part to the limitations of the CRM, which we discuss in Section 4.3. However, FSV could report on backlog, timeliness and repeat contacts with hubs with existing data. In addition, more trend analysis is possible without changing CRM capabilities.

The lack of information about what happens to clients once they leave hubs is a critical gap. One of the key roles of hubs is to improve service pathways for people affected by family violence and families who need support to care for their children. Gathering this data is difficult, as it relies on accessing information from other organisations and data systems. However, better feedback loops with service providers outside hubs would allow FSV to monitor client outcomes.

4.3 Availability of performance information

For FSV to understand how the hubs are performing it needs to collect and report on service delivery data. This data can then enable FSV to target areas for improvement and monitor whether its improvements are working.

The CRM

The CRM is a software system that records case information to support practitioners to assess and respond to clients' needs. It also enables FSV to monitor and report on service delivery data. In March 2019, FSV also introduced reporting dashboards so operational staff can access live reports on service delivery.

The CRM has enabled hubs to combine client information from separate service sectors for the first time. As a result, the CRM gives practitioners comprehensive information about individual clients.

Bringing together multiple service providers also means FSV is collecting some data for the first time. For example, FSV can now see how many perpetrators refuse services or are unable to be contacted.

Design and rollout

DPC asked the government for \$123 million to buy a commercial data system for hubs. However, under its approved \$29 million budget, FSV had to adopt one of DHHS's existing technology platforms for the CRM.

Although this gave FSV more flexibility to customise the system to suit hubs' needs, it meant FSV also took on the project management and design risks associated with building the system.

FSV has a four-year plan to roll out the CRM. This staged approach allowed FSV to make improvements based on feedback from practitioners. For example, it has improved the CRM's ability to auto-populate client information, making it easier to use.

Limitations

FSV's improvements to the CRM have focused more on its usability than performance reporting. As a result, as outlined below, the hubs and FSV can only access limited data to monitor hub performance.

The **Integrated Reports and Information System** is the data collection system used by Child FIRST and family services to record client and service data.

Currently, the CRM does not ...	As a result, FSV ...
connect to other family violence or child and family data systems.	cannot track whether services accept client referrals from hubs, reducing the ability to track case history between services and understand client outcomes. For example, inconsistent data entry on its Integrated Reports and Information System means that since the CRM was introduced, DHHS no longer knows how many children hubs are referring to child and family services.
automatically report on the timeliness of assessments as per the Budget Paper 3 measure.	must rely on manual data to report on this measure, increasing effort and reducing the reliability of the data.
differentiate between cases practitioners are still working on and cases on active hold.	cannot monitor and report to government on the capacity of the wider service system.
include many mandatory fields. Only a client's name, birth date and Aboriginal status are mandatory for practitioners to complete.	cannot tell whether hubs are supporting communities who face more barriers to access services, such as CALD communities and people with a disability.

FSV advised that in deciding to make a field mandatory, it weighs the value of the data against the burden on practitioners who use the system. However, mandatory fields are not new for hub practitioners—the other DHHS databases that CSOs use outside of the hub have more mandatory fields than the CRM.

Data on children accessing hubs

The Commission for Children and Young People's October 2019 report *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection* recommended that hubs monitor and report on the timeliness and effectiveness of their engagement with children. Due to limitations in the CRM, FSV is not able to do this.

Critically, the CRM data does not reliably distinguish between children who access hubs because:

- they are experiencing family violence, or
- their families need support to provide a safe and caring environment for them.

As a result, FSV and hubs lack important information about the needs of children and how well hubs are supporting them.

Lessons from past systems

Our 2015 audit *Early Intervention Services for Vulnerable Children and Families* highlighted similar critical problems with the Integrated Reports and Information System, the database used for Child FIRST and integrated family services. This indicates FSV and DHHS have not applied lessons learnt from previous systems in developing the CRM.

Victorian Family Violence Data Collection Framework

In December 2019, DPC published the *Victorian Family Violence Data Collection Framework* in response to Royal Commission recommendations to improve data collection. The framework aims to help agencies standardise the way they collect data. This will help build an evidence base so the Victorian Government can respond to family violence more effectively in the future.

The framework offers guidelines to improve the consistency of data collection. This includes guidelines on collecting data about communities that face barriers to accessing services. The framework advises agencies to set mandatory fields and configure their data systems so practitioners must enter a response to these fields before moving on. Aligning the CRM and data entry expectations with this framework would allow FSV to capture better data to support improvements to service delivery.

Measuring client experience

FSV has not yet collected detailed information about client experience at the hubs. In August 2018, it piloted a paper-based client experience survey in Mallee and Barwon. In July 2019, FSV rolled out this survey to all five hubs. FSV advised us that as of February 2020, it had received 142 responses.

The Orange Door 2018 evaluation also attempted to understand client experience in the hubs. However, consultants were only able to speak with six clients, in part due to difficulties engaging people in crisis.

Gathering client feedback can be challenging because of the sensitivities of surveying people in crisis. In addition, few clients visit the hub sites, with most engaging over the phone. Hubs received only 4 per cent of cases in 2018–19 from physical visits. FSV does not collect data on the number of clients who visit the hub after engaging on the phone.

Client experiences of calling hubs

FSV's 2018 guidance documents noted that it would collect data on the volume and timeliness of practitioners' calls with clients. However, the phone system it had in place for the first 21 months of hub operations could not collect this information. This means FSV is lacking data that shows whether clients can contact hubs when they need to, including:

- waiting times for clients who call hubs
- proportion of clients who abandon their calls to hubs due to long waiting times.

FSV advised us that it had upgraded the phone system for all hubs by February 2020.

This lack of data—for close to two years of hub operations—is a significant gap. As most clients' interactions with hubs occur via phone, it restricts FSV's ability to know whether hubs are effectively supporting clients.

Once complete, the upgrade will also allow FSV to offer a phone-based survey to gather information about client satisfaction with the hubs.

Case file reviews

Another way to address the challenges of understanding client experience is through regularly reviewing case files on the CRM. This can help FSV monitor how practitioners are assessing client needs and risks, as well as client pathways through the hub. It also allows FSV to understand children's experiences, which is more difficult to gather through surveys.

To date, only the Bayside hub has conducted regular file audits. These enabled Bayside to provide training in areas where practitioners needed more guidance. FSV has not established a statewide approach to this.

4.4 Evaluating hub outcomes

A comprehensive approach to evaluation would allow FSV to determine whether the government's investment in hubs is leading to better outcomes for women and families. The Royal Commission highlighted the importance of this, recommending that departments and agencies establish processes for regular overview and evaluation of their programs.

An evaluation approach should include:

- outcomes for the community that the program is trying to achieve
- indicators and targets to measure success against these outcomes
- detail on the qualitative and quantitative information required to measure success against the outcomes.

Outcome measures

The **Family Violence Outcomes Framework** describes the Victorian Government's intended long-term outcomes of reforms stemming from the Royal Commission.

FSV has completed an evaluation plan and framework to guide its evaluation of hubs. These documents identify desired short, medium and long-term outcomes for hubs. This is important because some impacts of hubs will take many months to be seen, so identifying expected shorter-term impacts helps monitor progress. FSV has aligned these outcomes with the 2016 whole-of-government Family Violence Outcomes Framework included in *Ending Family Violence: Victoria's Plan For Change*.

FSV has not set indicators or targets for the outcomes that it has developed. While this can be challenging, without these it is difficult to track the success of the hubs or determine whether they are meeting their objective to provide coordinated and timely support to families.

Impact of data limitations on evaluation

FSV has planned three evaluations of the hubs between 2018 and 2021. The first of these evaluations—*The Orange Door 2018 evaluation*—provided FSV with a valuable resource to guide improvements in new and existing hubs.

However, incomplete data limited what this evaluation could examine. For example, the evaluation was unable to determine:

- the outcomes and experiences of hub clients
- whether hub practitioners were sharing information to tailor responses to client needs
- whether integrated practice contributed to better outcomes for clients
- whether the hubs were meeting the needs of diverse communities, such as clients with a disability.

Without improvements to data collection, as discussed in Section 4.3, FSV's future evaluations will also be unable to determine the success of the hubs. This means FSV will not meet the government's commitment to fulfil the Royal Commission's recommendation on evaluation.

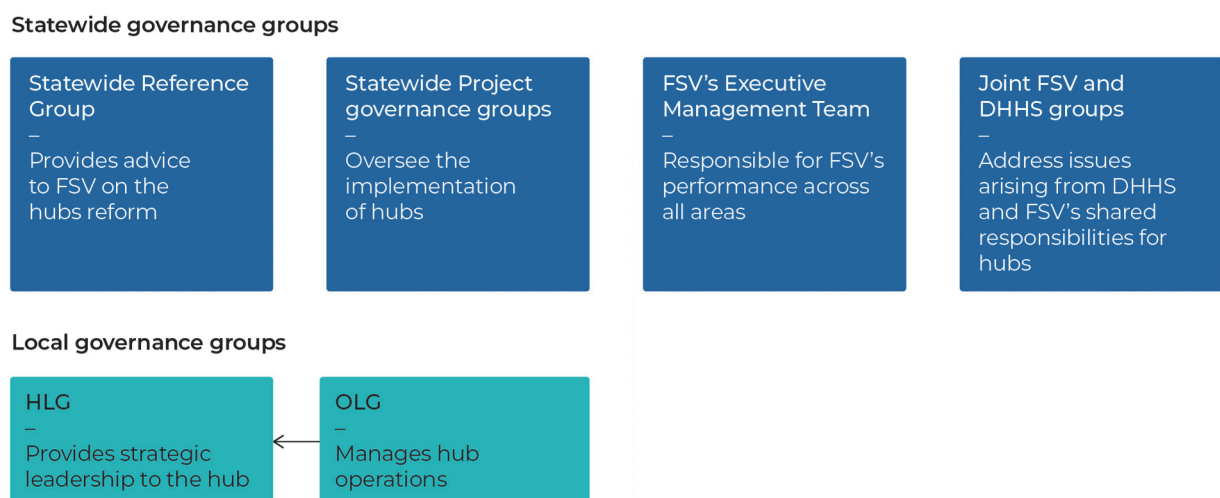
4.5 Governance arrangements

Clear governance arrangements support performance management by ensuring the right people have the information and authority they need to make improvements and manage risks.

Reporting relationships between governance groups

Figure 4C shows the different local and statewide governance groups and their responsibilities for hubs.

Figure 4C
Local and statewide hub governance groups



Source: VAGO.

FSV has not defined the reporting and advisory relationships between these groups. As a result, it is not clear whether information filters through from local to statewide groups, or how statewide groups communicate with each other.

For example:

Currently ...	Meaning that ...
there is no reporting pathway that allows HLGs to formally escalate issues and risks to FSV and its statewide bodies.	FSV may fail to identify and correct emerging risks in the hubs.
	FSV may miss opportunities to collect and share better practice examples of hub performance.
there are unclear reporting relationships between the large number of statewide governance groups.	it is difficult to identify statewide responsibilities for monitoring hub performance.

Audit and risk committee

Audit and risk committees enhance governance by independently reviewing and assessing the effectiveness of key aspects of an agency's operations. They ensure decision-makers have the right information to address emerging risks.

DHHS's audit and risk management committee is responsible for covering risks for FSV and hub operations. However, with its wide mandate over all of DHHS's programs, hub risks receive little focus from the committee.

In response to this concern, FSV is planning to introduce its own audit and risk committee, which will provide regular performance and risk reports to FSV's executive management team. This will allow for more focus on risks and issues for hubs.

However, as DHHS is ultimately responsible for delivering hubs, it is important that decision-makers within DHHS remain aware of hub risks. The terms of reference for FSV's committee note that it will escalate matters to DHHS's executive, but it is not clear how it will decide which issues to escalate. It is also unclear whether FSV's committee will report regularly to DHHS's audit and risk management committee. Without this, DHHS may not be made aware of—or be able to address—risks that undermine quality, safe and timely service delivery in hubs.

Planned improvements to governance arrangements

FSV has the following initiatives underway that, when completed, should improve its oversight of hubs, including risk management:

- FSV is increasing FTE in its central office responsible for supporting hub operations, practice development and performance monitoring.
- FSV advised us it is also working on a project to streamline and clarify statewide governance arrangements.

4.6 Continuous improvement

Continuous improvement is an important part of managing performance. In the case of hubs, continuous improvement should include processes to share good practices and identify and manage both statewide and local issues.

Reliability of FSV's continuous improvement processes

As outlined in Section 2.5, FSV has improved its implementation processes, which will benefit the next three hubs to open.

However, weaknesses in FSV's continuous improvement processes may prevent it from successfully delivering the hubs reform:

FSV ...	As a result, it ...
does not consolidate the feedback and recommendations it receives or track its actions to address them.	risks not identifying serious issues and missing opportunities to improve hubs.
has not documented how it prioritises improvements or how it uses risk to inform decisions.	cannot be assured it is prioritising the most important improvements.
closes actions on its risk register before it knows if its mitigation strategies have worked.	may fail to monitor serious ongoing risks.
lacks reliable data on hub processes, practices and service delivery.	is missing information that would help identify areas for improvements.

Response to internal and external reviews

FSV conducts regular reviews to determine how well it is delivering key hub projects. It also receives feedback from external bodies, such as the Family Violence Reform Implementation Monitor. These reviews provide FSV with a valuable resource to guide improvements in both existing and new hubs.

FSV has recorded its planned actions to respond to the recommendations from these reviews. These actions include establishing a new corporate governance structure and a new advisory working group to work through the different perspectives of sectors in hubs.

However, as noted above, FSV lacks processes for consolidating the recommendations from these reviews. It also lacks a clearly defined method for prioritising its planned responses. This means it cannot be confident it is making the right changes to hubs to improve their performance.

Appendix A

Submissions and comments

We have consulted with DHHS and FSV, and we considered their views when reaching our audit conclusions. As required by the *Audit Act 1994*, we gave a draft copy of this report, or relevant extracts, to those agencies and asked for their submissions and comments.

Responsibility for the accuracy, fairness and balance of those comments rests solely with the agency head.

Responses were received as follows:

DHHS.....	68
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RESPONSE provided by the Associate Secretary, DHHS



Department of Health and Human Services

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 650 172
GPO Box 4057
Melbourne Victoria 3001
www.dhhs.vic.gov.au
DX 210081

BAC-11138

Andrew Greaves
Victorian Auditor-General
Victorian Auditor-General's Office
Level 31, 35 Collins Street
MELBOURNE VIC 3000

Dear Mr Greaves

Thank you for your letter of 24 April 2020 providing the Department of Health and Human Services with the Managing Support and Safety Hubs proposed report (the report). I welcome the opportunity to formally respond to your findings and recommendations.

The Department of Health and Human Services accepts the report's nine recommendations. Please find attached an action plan outlining how we intend to implement these recommendations.

I note that the report examines the design, implementation and delivery of one of the landmark reforms arising from the Royal Commission into Family Violence. I would like to emphasise the context within which the wide-ranging reforms arising out of the Royal Commission have been progressed since 2016.

In particular:

- the uniqueness of The Orange Door integrated service model. This model is the first of its kind in bringing together services for victim survivors of family violence, children and families who need support and perpetrators of family violence;
- large scale reforms across multiple parts of the family violence service system simultaneously, including changes to information sharing legislation, embedding of the multi-agency risk assessment and management framework, roll-out of specialist family violence courts and improved police responses. These reforms are being delivered in a co-ordinated way to achieve effective system and service change.

Family Safety Victoria is already implementing a range of actions that continues to develop The Orange Door towards achieving its full vision and intent. It should be acknowledged that challenges and opportunities arising from the current COVID-19 pandemic response and recovery will need to be further considered in the approach and timeframes for continued development and implementation of The Orange Door and the actions outlined in the attached table.



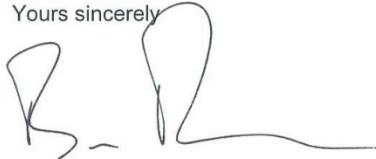
RESPONSE provided by the Associate Secretary, DHHS—continued

The department will continue to work with its partners to ensure that The Orange Door delivers positive outcomes for individuals and families by providing timely, coordinated support, and that it is able to demonstrate this effectiveness.

The department appreciates your audit and its findings, which will assist us to continue to develop towards our vision of a future where all Victorians are safe and children grow up in environments built on gender equality and respectful relationships.

If your office requires further information, please contact Kelly Stanton, Executive Director, Program and Service Development, Family Safety Victoria on 9194 3238 or via email kelly.stanton@familysafety.vic.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to be 'B. Rimmer', with a long horizontal stroke extending to the right.

Ben Rimmer
Associate Secretary

11 / 05 / 2020

VAGO PERFORMANCE AUDIT: MANAGING SUPPORT AND SAFETY HUBS			
ACTION TABLE			
Recommendation	Proposed Action	Completion Date	
<p>1. Completes detailed plans outlining how it will open remaining hubs and transition them from the foundational to the full model of operations. These plans should:</p> <ul style="list-style-type: none"> map the interdependencies between all hub-related projects and sequence them set realistic milestones for completion of each project include detail on how it will complete projects establish and apply criteria for prioritising projects for delivery 	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> FSV will revise its project plans to provide more detail about how The Orange Door will open in the remaining areas, including confirming project prioritisation processes, setting realistic milestones and relating these to critical interdependencies and resource requirements to ensure completion of projects. FSV will develop a detailed plan outlining the transition from foundational service model to the full service model as outlined in the Support and Safety Hub Statewide Concept. 	Dec 2020	
<p>2. Improves statewide consistency of hub operations and practice by:</p> <ul style="list-style-type: none"> refining and finalising the Integrated Practice Framework so that it includes the practical detail needed to support practitioners on how to implement it developing and communicating minimum standards for providing coordinated services to clients including how and when practitioners should share information, and assessing hubs' compliance with these 	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> FSV will update the current Integrated Practice Framework, including clear guidance on minimum expectations to support coordinated service delivery. This framework will include a suite of practice guidance to support service delivery, completed in collaboration with the sector. FSV will work with the sector to coordinate the implementation of the Integrated Practice Framework ensuring it is aligned with MARAM and information sharing legislation. 	Dec 2021	
<p>3. Drawing on the experiences of the open hubs, works with hub partners to develop and run comprehensive training on coordinating service responses for clients, supplemented by other activities, such as supervision, to further develop this capability</p>	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> FSV will work with the sector to develop and deliver practice development support and training activities which will be informed by positive examples of integrated practice. 	Dec 2020	
<p>4. Works with local Aboriginal services and community representatives to roll out mandatory cultural safety training that is specific to hub functions and operations, for all hub staff</p>	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> FSV will work with Aboriginal Services and Aboriginal Advisory Groups to support the delivery of cultural safety training and development opportunities for the staff at The Orange Door.. 	Dec 2020	
<p>5. Works with hubs to strengthen their support for children, including:</p> <ul style="list-style-type: none"> increasing the focus on children experiencing wellbeing issues, including developing a single tool for use across all hubs that ensures hubs consistently assess and document child wellbeing risk whether in a family violence or other context, and is aligned with the Best Interests Case Practice Model integrating the knowledge, advice and support of community-based child protection into child-related assessments and decisions in hubs 	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> FSV will work with DHHS to deliver a consistent approach to child wellbeing risk assessments, aligned with the Best Interest Case Practice Model, currently being reviewed. The approach will be developed in consultation with the sector. FSV will update guidance on the role and function of community-based Child Protection and ensure this is embedded into Orange Door child-related assessments and decisions. 	<p>Jun 2021</p> <p>Sept 2020</p>	

RESPONSE provided by the Associate Secretary, DHHS—continued

Recommendation	Proposed Action	Completion Date
<p>6. Improves monitoring and reporting on demand in hubs by:</p> <ul style="list-style-type: none"> • setting measures and targets for service backlog and timeliness, and including performance against these in regular service delivery reports • updating the client relationship management system so that it can track when clients are awaiting a response because of capacity issues at external services 	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> • FSV will improve its active monitoring and reporting on demand in The Orange Door including setting measures for service timeliness and backlog • FSV will update the Demand Management Plan for The Orange Door reflecting strategies and initiatives we have introduced to manage demand and will including measures and targets for service timeliness and backlog. • FSV will develop and implement a Statewide Demand Management Framework to provide a better understanding of service system capacity and demand. • FSV will update the Client Relationship Management system to provide information so that it can clearly identify when clients are awaiting a response from external services. 	<p>Dec 2020</p> <p>Dec 2020</p> <p>June 2021</p> <p>June 2021</p>
<p>7. Finalises a performance monitoring framework for hubs that includes:</p> <ul style="list-style-type: none"> • indicators, measures and targets for the quality, timeliness and outcomes of services in hubs • mechanisms to capture and aggregate information about pathways for clients who the hub refers to external services and outcomes for hub clients • a definition of coordinated and integrated practice and methods to measure it 	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> • FSV will finalise a more comprehensive Performance Monitoring Framework for The Orange Door partnership, with robust metrics developed in partnership with the sector. This will align with outcomes measurement and reporting requirements across government. 	<p>Jun 2021</p>
<p>8. Improves the client relationship management system to allow collection of data on the quality, timeliness and outcomes of hub performance</p>	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> • FSV will improve the Client Relationship Management system to provide high-quality regular data on performance including quality, timeliness and outcomes related data. 	<p>Jun 2022</p>
<p>9. Clarifies and formalises governance arrangements so that it is clear how:</p> <ul style="list-style-type: none"> • DHHS oversees FSV's performance in delivering and supporting the hubs, including risks associated with the hubs reform • FSV holds itself to account for the hubs reform, including the management of the reform's risks and performance • local hub governance bodies escalate risks and issues to the statewide level 	<p>Family Safety Victoria accepts this recommendation.</p> <ul style="list-style-type: none"> • FSV have established an Internal Quality, Risk and Audit Committee to monitor and improve our performance that reports through to the Department of Health and Human Services. With its oversight, FSV will communicate the process for managing risk including how to escalate area-level operational risks and issues. • FSV will work with DHHS to clarify and formalise clear governance arrangements in relation to the performance of the Hubs. 	<p>Sep 2020</p>

Auditor-General's reports tabled during 2019–20

Report title	Date tabled
Managing Registered Sex Offenders (2019–20:1)	August 2019
Enrolment Processes at Technical and Further Education Institutes (2019–20:2)	September 2019
Cenitex: Meeting Customer Needs for ICT Shared Services (2019–20:3)	October 2019
Auditor-General's Report on the Annual Financial Report of the State of Victoria: 2018–19 (2019–20:4)	November 2019
Council Libraries (2019–20:5)	November 2019
Market-led Proposals (2019–20:6)	November 2019
Results of 2018–19 Audits: Local Government (2019–20:7)	November 2019
Sexual Harassment in the Victorian Public Service (2019–20:8)	November 2019
Follow up of Access to Public Dental Services in Victoria (2019–20:9)	November 2019
Follow up of Regulating Gambling and Liquor (2019–20:10)	November 2019
Managing Development Contributions (2019–20:11)	March 2020
Freight Outcomes from Regional Rail Upgrades (2019–20:12)	March 2020
Ravenhall Prison: Rehabilitating and Reintegrating Prisoners (2019–20:13)	March 2020
Personnel Security: Due Diligence Over Public Sector Employees (2019–20:14)	May 2020
Managing Support and Safety Hubs (2019–20:15)	May 2020

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www.audit.vic.gov.au

Victorian Auditor-General's Office
Level 31, 35 Collins Street
Melbourne Vic 3000
AUSTRALIA

Phone +61 3 8601 7000
Email enquiries@audit.vic.gov.au