KPMG

Options to enhance the 1800RESPECT Operating Model

Department of Social Services

Final Report - Revised
February 2016

Disclaimer

Inherent Limitations

This report has been prepared as outlined in the Scope Section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

The findings in this report are based on a qualitative study and the reported results reflect a perception of 1800RESPECT but only to the extent of the sample surveyed, being the Department of Social Services approved representative sample of management, personnel and stakeholders. Any projection to the wider management, personnel and stakeholders is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the Department of Social Services management, personnel and stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

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The findings in this report have been formed on the above basis.

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Contents

Glossary

ABS	Australian Bureau of Statistics
AHT	Average Handle Time
CALD	Culturally and Linguistically Diverse
DSS	Department of Social Services
DV	Domestic Violence
FTE	Full Time Equivalent
MHS	Medibank Health Solutions
R&DVSA	Rape and Domestic Violence Services Australia
RRA	Rapid Risk Assessment
SA	Sexual Assault
SLA	Service Level Agreement

A note on definitions of crisis

For the purposes of this report, KPMG refers to people in **crisis** as being:

- in **immediate danger** from another person and in need of emergency assistance such as transport, accommodation or police intervention.

This is distinct from crisis in a clinical sense, which needs to be understood in terms of **trauma**:

- either simple or complex psychological distress as a result of lived experience (such as sexual assault and/or domestic and family violence), and that which often requires a clinical counselling response.

1 Executive Summary

1800RESPECT and the National Plan

Issues of domestic and family violence and sexual assault are gaining increasing national prominence. The National Plan to reduce Violence against Women and their Children, 2010-2022 (The National Plan) was launched in 2010 and embodies a collective commitment by Governments to work towards the vision of Australian women and their children living free from violence in safe communities and a target of achieving a significant reduction in violence against women and their children.

As part of the National Plan, the Department of Social Services (DSS) is responsible for a number of initiatives designed to make a significant and sustained reduction in violence against women. One of these initiatives is the 1800RESPECT line, a National Sexual Assault, Domestic and Family Violence Counselling Service (telephone and online).

However, the growing public awareness of issues of domestic and family violence and sexual assault has been met with a corresponding increase in demand for services nationally, some of which are struggling to meet this demand. In line with the experience of other service providers assisting people experiencing or at risk of domestic violence, over recent years, the demand for 1800RESPECT has increased substantially, from 28,393 contacts in 2012-13 to 44,914 contacts in 2014-15.

In this context, with the demand for domestic violence services unlikely to decline, it is essential to ensure that the 1800RESPECT service is operating as efficiently and effectively as possible.

Increasing call volume to 1800RESPECT year on year

The increasing awareness of domestic violence as an issue has corresponded with an increase in the demand for 1800RESPECT services. Call volume has increased by an average of 60 per cent per year, with forecast demand continually growing.

This constantly increasing demand can be understood to be the result of both the growing political and media focus on, and public awareness of, issues of sexual assault and domestic and family violence, and the sustained promotion of 1800RESPECT as the national Domestic Violence 'hotline.'

However while public awareness of, and access to, 1800RESPECT is increasing each year, the service has not been able to keep pace with these demands. There has been a steady increase in the number of voicemails and abandoned calls, largely due to longer wait times, and as a result, an increasing number of outbound calls being made compared to calls answered. This means that the majority of R&DVSA staff time is now spent on returning telephone calls.

As part of this project, KPMG has developed a process map of the current journey of a telephone call through the 1800RESPECT system. This process map identifies key bottlenecks in 1800RESPECT's telephone system that contribute to both long wait times and also a proportion of abandoned calls.

The current and future requirements of 1800RESPECT

The original intention of 1800RESPECT was a national telephone and online crisis support service providing both information and counselling. It was originally established at a time where there was no full coverage of telephone assistance across all jurisdictions. The purpose of the service as recommended in the National Plan was to:

- integrate and coordinate with existing services in all States and Territories - as each jurisdiction now has operational local assistance lines, 1800RESPECT is now to fill the gaps and support these lines
- offer professional counselling
- provide information and referrals
- use best practice technology
- link with other 1800 numbers
- have direct links with relevant local and state services, and
- provide professional supervision and advice to staff in services in isolated and remote areas.

The specialist nature of the trauma-specialist counselling service that R&DVSA provides means that it does not and cannot function in the way that a call centre or a more standard telephone hotline functions. As such, there needs to be careful interpretation of certain 1800RESPECT data to correctly understand both the nature of the counselling service that R&DVSA is providing, as well as the difficulty in applying certain call centre metrics to its performance.

However, while a high quality counselling service has been delivered by 1800RESPECT, it has been done against a backdrop of growing political emphasis and public awareness of issues of domestic and family violence and sexual assault. Therefore when looking at issues of current and future call volume to 1800RESPECT and its capacity to meet this demand, it must be acknowledged that the 'landscape' has changed. As public awareness of the service continues to increase, 1800RESPECT needs to function as not only a best practice counselling service as it is contracted to do, but **also** as an effective first responder to a wide variety of incoming calls, as well as have the capacity to either provide callers with, or direct them to, the assistance that they require in the most efficient and effective way possible.

Three options for the future 1800RESPECT operating model

KPMG has developed three options for refining the 1800RESPECT operating model to more efficiently and effectively respond to calls. Table 1 below provides a summary of the funding and expected impact on operations performance of each of the three options.

Table 1: Summary of three options for the future 1800RESPECT operating model

	Current funding	**Option 1: Increased funding for current operating model**	**Option 2: A social worker/non-R&DVSA counsellor triage function**	**Option 3: A trauma-specialist triage function**
FY16 funding	**$7.5m**	**$22.5m**	**Current funding for R&DVSA counsellors plus $3.2 – 3.7 million**	**This option has not been able to be fully costed as MHS has not had the opportunity to provide costings for this model.**
Average wait time	720 seconds	90 seconds	40 seconds	300 seconds
Service level (% answered within 30 seconds)	46%	70%	80%	60%
Abandonment rate	78%	8-10%	<5%	25%
On phone FTE*	31.5	72	• R&DVSA: Expected to reduce over time as call volume decreases • Social worker/non-R&DVSA counsellor staff: TBC	31.5

*Note: * R&DVSA have advised current FTE is 31.5*
Source: KPMG

In terms of the relative strengths and weaknesses of each:

- Option 1 is a way to address call volume and to maintain the current best practice counselling service offering. It is significantly more expensive than both Options 2 and 3, as it would require a trebling of specialist counselling staff. Given that additional staff may only address call volume at a point in time, this option is neither sustainable for a workplace, nor sustainable from a funding perspective. As this option would be dependent on the timely

recruitment and training of suitable staff, an issue recognised by R&DVSA, the implementation of this option would take four to six months minimum.

- Option 2 will provide the best overall improvements to operational performance, with lowest call wait time and abandonment rates. Implementation is expected to take around four weeks. This option may be supported by R&DVSA as using social worker triage staff is seen being closer to best practice than other types of triage staff (i.e., nurses, call centre workers).
- The actual cost for option 3 is currently unable to be determined as MHS has not yet had an opportunity to provide costings associated with this model. This option also provides the lowest levels of operational improvements with respect to call wait times and abandonment rates. Implementation is expected to take four weeks following the allocation and training of staff to each of the two teams. Should this option be trialled, the impact on operational performance would need to be monitored and the proportion of staff allocated to each team adjusted accordingly.

2 Background

Domestic Violence in Australia

Issues of domestic and family violence and sexual assault are gaining increasing national prominence. Since the Prime Minister's announcement in September 2015 that 'violence against women is one of the great shames of Australia. It is a national disgrace,' the Federal Government has announced over $100 million of initiatives that aim to make women safer on the streets, safer at home and safer online.

While a longstanding social issue, the evidence suggests that reporting of domestic and family violence is increasing. Recently released experimental statistics by the Australian Bureau of Statistics (ABS) on domestic and family violence, as recorded by police, show the number of domestic and family violence related homicides during 2014 by jurisdiction were as follows:[1]

- New South Wales - 30 victims (or four per million persons)
- Victoria – 32 victims (or five per million persons)
- Queensland – 13 victims (or three per million persons)
- South Australia – five victims (or three per million persons)
- Western Australia - 11 victims (or four per million persons), and
- Northern Territory – four victims (or 16 per million persons).

The last ABS Personal Safety Survey showed that nearly one-third (33 per cent) of women had been physically assaulted since the age of 15, while one in six (17 per cent) women had been sexually assaulted. Groups at high risk of experiencing domestic and family violence include Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, people with a disability, people who identify as gay, lesbian, bi-sexual, transgender, intersex and queer, the elderly and children. Indigenous women in particular suffer significantly from domestic violence and are 31 times more likely to be hospitalised for domestic and family violence related issues than other Australians.

In addition to the devastating impact on families who experience domestic and family violence, there are significant financial costs to the community due both to the loss of productivity in terms of ability to work, as well as even higher, long-term physical and mental health costs for the women and their children involved. In a report for the Commonwealth Government on the costs of domestic violence, KPMG estimated that violence against women and children was costing the Australian economy $13.6 billion in 2009 and that, without action to address the problem, these costs would rise to around $15.6 billion in 2021-22.[2]

[1] Australian Bureau of Statistics, 2015, Experimental Family and Domestic Violence Statistics, Cat. No. 4510.0.
[2] KPMG, (2009), The Costs of violence against women and their children, produced for the Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government.

The National Plan to reduce Violence against Women and their Children, 2010-2022 (The National Plan)

The National Plan was launched in 2010 and embodies a collective commitment by Governments to work towards the vision of Australian women and their children living free from violence in safe communities and a target of achieving a significant reduction in violence against women and their children.

The plan has six high level outcomes:

1. Communities are safe and free from violence
2. Relationships are respectful
3. Indigenous communities are strengthened
4. Services meet the needs of women and their children experiencing violence
5. Justice responses are effective, and
6. Perpetrators stop their violence and are held to account.

1800RESPECT

As part of the National Plan, the Department of Social Services (DSS) is responsible for a number of national initiatives designed to make a significant and sustained reduction in violence against women and to complement work by jurisdictions. One of these initiatives is the 1800RESPECT line, a National Sexual Assault, Domestic and Family Violence Counselling Service (telephone and online). The aim of 1800RESPECT is to increase access to and responsiveness of services for individuals who have experienced domestic and family violence and sexual assault. DSS funds Medibank Health Solutions (MHS) to operate 1800RESPECT and MHS subcontracts and funds Rape and Domestic Violence Services Australia (R&DVSA) to deliver the counselling service as described below.

The 1800RESPECT service comprises two components:

- The National Sexual Assault, Domestic Violence Counselling Service: provides best practice professional counselling, information, and referrals for individuals and their family and friends who have experienced, or are at risk of, family/domestic violence or sexual assault, via telephone and online modes of service delivery. R&DVSA is sub-contracted by MHS to provide this service.
- Digital platforms: the 1800RESPECT website which provides resources for women at risk of or experiencing sexual assault, or domestic and family violence, their family and friends and front line workers; and DAISY, an app that connects women to state and territory specialist domestic family violence and sexual assault services and, more broadly, legal, housing, finance and children's services. These platforms are managed by MHS.

1800RESPECT commenced on 1 October 2010, and the website was launched in June 2011.

Increasing demand on Domestic and Family Violence and Sexual Assault services nationally

The growing public awareness of issues of domestic and family violence and sexual assault has been met with a corresponding increase in demand for services nationally, some of which are struggling to meet this demand.

For example:

- Queensland's 24 hour domestic violence telephone service, DV Connect, received 2,000 calls in the first four days of 2016, up from just under 600 calls for the corresponding period last year[3]
- Safe Steps, Victoria's state-wide domestic violence crisis response service fielded more than 55,000 calls in 2014-15, which represented a 58.7 per cent increase on the previous year[4]
- The ACT's Domestic Violence Crisis Service received 5,000 urgent calls for help and accommodation in November and December 2015, which represented a 34 per cent increase on the same period in 2014,[5] and
- South Australia's newly formed domestic violence court assistance service received 150 applications for help in the first four months of its operation.[6]

In line with the experience of other service providers assisting people experiencing or at risk of domestic violence, over recent years, the demand for 1800RESPECT has increased substantially, from 28,393 contacts in 2012-13 to 44,914 contacts in 2014-15.

To help meet demand in 2014-15, additional funding was provided to 1800RESPECT. Action was also taken to improve accessibility to information on the 1800RESPECT website by releasing resources in 28 community languages, which may result in further increasing demand.

In this context, with the demand for domestic violence services unlikely to decline, it is essential to ensure that the 1800RESPECT service is operating as efficiently and effectively as possible.

[3] Guest, A (2016), *Domestic violence services report rising demand for help from women*, ABC News website, updated January 6 2016, accessed online at: http://www.abc.net.au/news/2016-01-06/unprecedented-demand-for-domestic-violence-services/7070058
[4] Safe Steps (2015) Annual Report, p. 3, accessed online at: http://www.safesteps.org.au/wp-content/uploads/2015/11/safe-steps-Annual-Report-1415.pdf
[5] Gorrey, M (2016), ACT's domestic violence crisis service experiences holiday jump in demand, The Canberra Times, 16 January 2016, published online at: http://www.canberratimes.com.au/act-news/acts-domestic-violence-crisis-service-experiences-holiday-jump-in-demand-20160112-gm40eg.html
[6] Hancock, J (2015), Domestic violence court assistance service in high demand for SA women, ABC News website, updated 9 November 2015, accessed online at: http://www.abc.net.au/news/2015-11-09/domestic-violence-court-assistance-service-high-demand/6922404

3 Project overview

KPMG was engaged by DSS to explore options for how 1800RESPECT providers could continue to deliver a professional, high quality service in a timely manner to ensure that callers experience high quality counsellors and that wait times and unanswered calls are reduced.

Project scope

The scope of this engagement included the following:

- an assessment of current demand and the capacity of 1800RESPECT, including call profile, the nature of demand and staff profiles
- an assessment of the existing service model, which takes into account current and projected demand, and how additional funding could be utilised best within the model to reduce wait times and levels of unanswered calls, as well as any efficiencies or adaptations to the existing model that could be implemented
- exploration of alternative models that have been utilised in similar contexts, with particular focus on triage models, and consideration of how these could be applied to the 1800RESPECT service, while ensuring ongoing quality of service is maintained or enhanced, but also seeks to achieve the most systematic, speedy and efficient way of ensuring that those most in need of counselling are able to be prioritised and receive a rapid response, and
- recommendations to the optimal process or business model that could be used to enhance service delivery.

Project methodology

KPMG conducted this project in three stages as outlined in Table 2 below.

Table 2: Project methodology

Stage	Description	Approach
Current state assessment of 1800RESPECT	• Development of detailed understanding of 1800RESPECT's operating environment • Development of process map for 1800RESPECT • Assessment of demand and capacity for 1800RESPECT services • Identification of any bottlenecks	• Consultation with R&DVSA and MHS • Analysis of documentation and data provided by DSS, R&DVSA and MHS

Stage	Description	Approach
Benchmarking against comparator organisations	Research and analysis of comparable services which may be instructive for 1800RESPECT	• Desktop research of comparable models • Consultations with: ○ *beyondblue* ○ DV Connect, Queensland ○ The National Domestic Violence Hotline (UK) ○ Mensline ○ Safe Steps
Development of options for the future operating model of 1800RESPECT	Development of three different operating models and analysis of strengths, weaknesses and associated costs (implementation and ongoing)	Synthesis of all project information and analysis

Source: KPMG

3.1 Data and analysis used in this report

KPMG received data from each of DSS, MHS and R&DVSA relating to calls to 1800RESPECT for a series of particular dates and time periods.

Data received across each of the three agencies was consistent, and has formed the basis for the majority of the analysis presented in this report.

Three operating model options have been put forward in this report for consideration. While every effort has been made to cost these fully to enable a full comparison across each, MHS was not given the opportunity to provide input into Option 3. It is anticipated that in further discussions between MHS and R&DVSA, MHS may be given the opportunity to provide these costings at a later date.

4 The 1800RESPECT service

4.1 The contracted service for 1800RESPECT

The 2010 contract between DSS and MHS and the sub-contract between MHS and R&DVSA specified the need for a best practice counselling service for domestic and family violence and sexual assault nationally.

The original intention of 1800RESPECT was a national telephone and online crisis support service providing both counselling and information. The purpose of the service as recommended in the National Plan was to:

- integrate and coordinate with existing services in all States and Territories
- offer professional counselling
- provide information and referrals
- use best practice technology
- link with other 1800 numbers
- have direct links with relevant local and state services, and
- provide professional supervision and advice to staff in services in isolated and remote areas.

The 1800RESPECT service comprises two components:

- The National Sexual Assault, Domestic Violence Counselling Service: provides best practice professional counselling, information, and referrals for individuals and their family and friends who have experienced, or are at risk of, family/domestic violence or sexual assault, via telephone and online modes of service delivery. 1800RESPECT was originally established at a time where there was no full coverage of telephone assistance across all jurisdictions. However as each jurisdiction now has operational local assistance lines, 1800RESPECT is now to fill the gaps and support these lines. R&DVSA is sub-contracted by MHS to provide this service
- Digital platforms: the 1800RESPECT website which provides resources for women at risk of or experiencing sexual assault, or domestic and family violence, their family and friends and front line workers; and DAISY, an app that connects women to state and territory specialist domestic family violence and sexual assault services and, more broadly, legal, housing, finance and children's services. These platforms are managed by MHS

4.2 Rape and Domestic Violence Services Australia

Rape and Domestic Violence Services Australia (R&DVSA), originally Sydney Rape Crisis Centre, provides a 24/7 telephone and online crisis counselling service for anyone in Australia who has experienced, or is at risk of, sexual violence, family or domestic violence and their non-offending supporters (such as family members).

Since its establishment in 1971, R&DVSA has gradually grown from a small, Sydney-based counselling service to a provider of clinical services nationally. It offers a specialist counselling service that is underpinned by a series of key principles: feminist; trauma-modelled; child-centred practice; innovative and crisis intervention. Table 3 below outlines the services currently provided.

Table 3: Services provided by R&DVSA

Telephone	Face-to-face	Online
1800RESPECT	Community Based Counselling	1800RESPECT online counselling service
NSW Rape Crisis		Rape Crisis Online
Sexual Assault Counselling Australia		Online Therapeutic Support Group

Source: KPMG

Trauma-specialist counselling

While not explicitly specified in the contract, R&DVSA understands best practice counselling to be inherently trauma-informed. Trauma and post-traumatic stress disorder have only been acknowledged in both the public and professional spheres since the 1980s, with academic best practice constantly evolving in line with developments in clinical practice, research and neuroscience. Trauma underlies a range of mental health issues such as anxiety, depression and personality disorders. Underlying issues of trauma are present in a high number of people in incarceration as well as in alcohol and other drug services.

The counselling service that R&DVSA therefore provides consists of a highly specialised pool of counsellors who provide a multi-modal trauma specialist counselling intervention that includes clinical care networking, development and review of therapeutic plans, and liaison/advocacy as needed. R&DVSA counsellors must have a Social Work or Psychology degree or equivalent, at least three years' counselling experience and have a detailed knowledge of the causes and consequences of sexual assault, family and/or domestic violence. All counsellors work from a feminist perspective and analysis.

An integral part of R&DVSA's best practice model is the provision of clinical counselling on an as-needs basis to calls as they are received. This approach does not include a mechanism to 'categorise' callers as this would effectively result in a 'scaling back' of the service currently being provided.[7]

4.3 Medibank Health Solutions

Medibank Health Solutions (MHS) is the largest provider of tele-counselling and tele-health services in Australia and has delivered 1800RESPECT with R&DVSA as its sub-contractor, since its inception in 2010.

[7] Feedback from R&DVSA

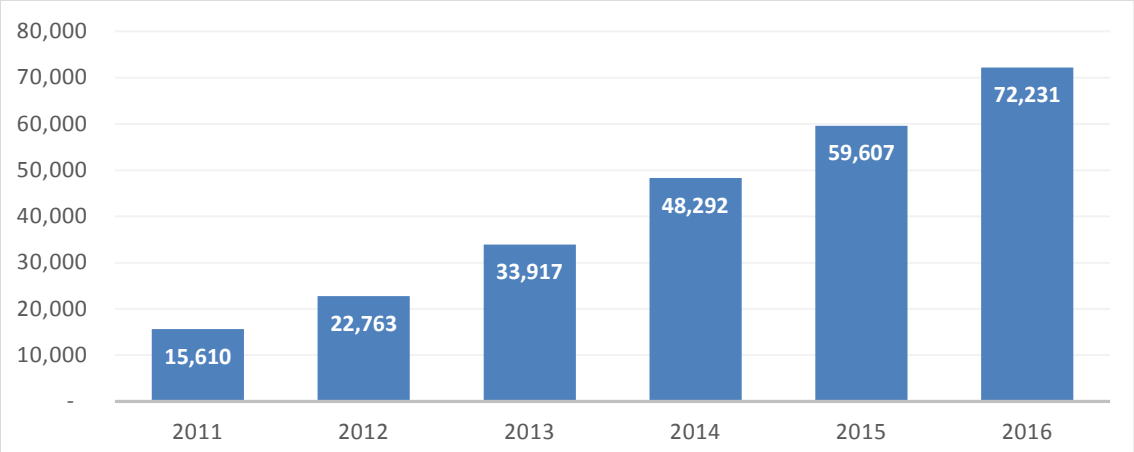
While R&DVSA provides the telephone and online counselling as described above, MHS is responsible for the development and ongoing enhancement of the 1800RESPECT website, and the delivery of a number of innovative approaches to supporting the service such as the DAISY app.

5 Current state assessment of 1800RESPECT

5.1 Current and forecasted call volume

The increasing awareness of domestic violence as an issue has corresponded with an increase in the demand for 1800RESPECT services. Figure 1 below highlights the steady increase in calls made to 1800RESPECT since its inception in 2010.

Figure 1: Call volume by year, 2011-2016



Note: 2016 data is forecast data only
Source: MHS data provided 20/1/16

These data show that call volume has increased by an average of 60 per cent per year, with forecast demand continually growing. This constantly increasing demand can be understood to be the result of both the growing political and media focus on, and public awareness of, issues of sexual assault and domestic and family violence, and the sustained promotion of 1800RESPECT as the national Domestic Violence 'hotline.'

September 2015 saw the most occasions of service provided in any month by 1800RESPECT since its inception, with a total of 5,521 inbound calls received. This may be due to the Government's announcement of the $100 million Women's Safety Package on 24 September 2015. The daily statistics show that on this particular day 1800RESPECT received 400 calls, the highest number of calls since daily statistics started being reported on.[8]

There is also a degree of *continued* counselling that 1800RESPECT provides to a small group of people who contact the service multiple times due to a lack of availability or appropriateness of local services, or their capacity to engage with other services. However, this is a relatively small number, as the majority of callers (75 per cent) only call once, with only three per cent of callers calling more than six times.[9]

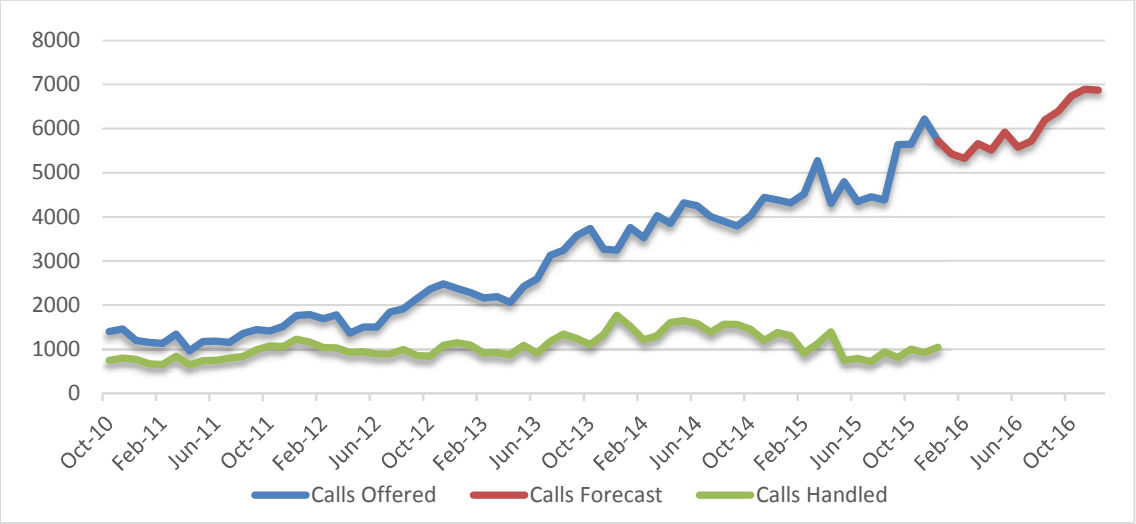
[8] Feedback from DSS
[9] Feedback from R&DVSA

Difficulty in determining number of calls requiring counselling

It is currently difficult to determine what number of calls coming into 1800RESPECT actually require counselling. R&DVSA have stated that the majority of calls coming into 1800RESPECT are from people experiencing trauma and who require counselling, and not for information or referral. However from the data above, the large majority of callers who only call once may be indicative of the **short-term** nature of their need such as seeking information, as opposed to a counselling session.

Figure 2 below shows the same increasing call volume by year, through a series of spikes in calls made to the service over time that do not return to previous levels. Anecdotally, these spikes broadly correlate to periods of public awareness/conversation around sexual assault and domestic and family violence (such as federal and state funding announcements) as awareness of 1800RESPECT continues to grow.

Figure 2: Total call volume and number of calls handled by year



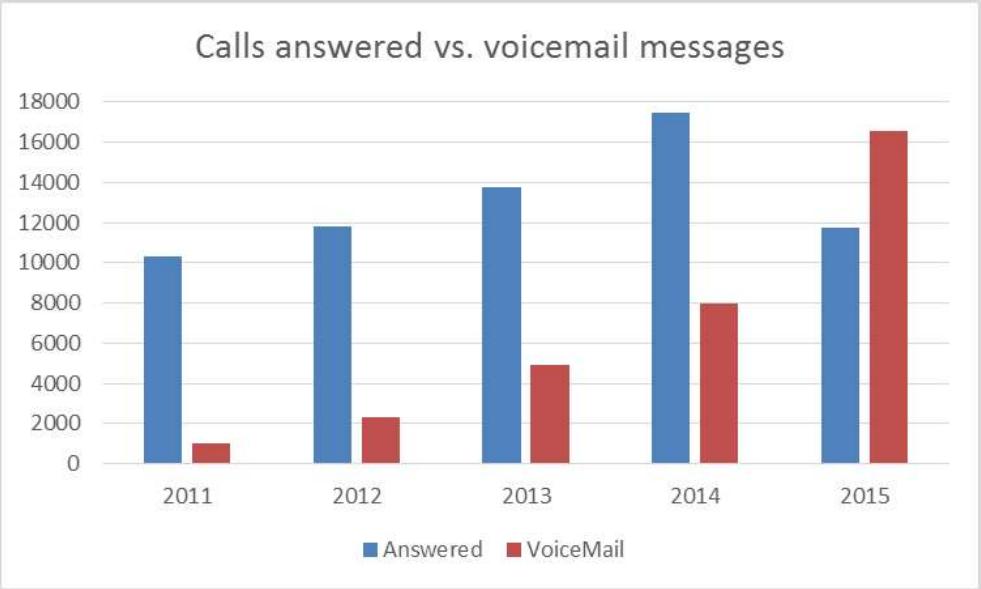
Source: MHS data provided 20/1/16

Figure 2 also shows a consistent rate of call handling rate of around 1,000 calls per month for the five years of 1800RESPECT's operation.

While this data does not reflect the significant time that R&DVSA staff spend on outbound calls (as described further in Figure 3 and Figure 4 below), it indicates that while public awareness of, and access to, 1800RESPECT is increasing each year, R&DVSA has not been able to keep pace with these demands.

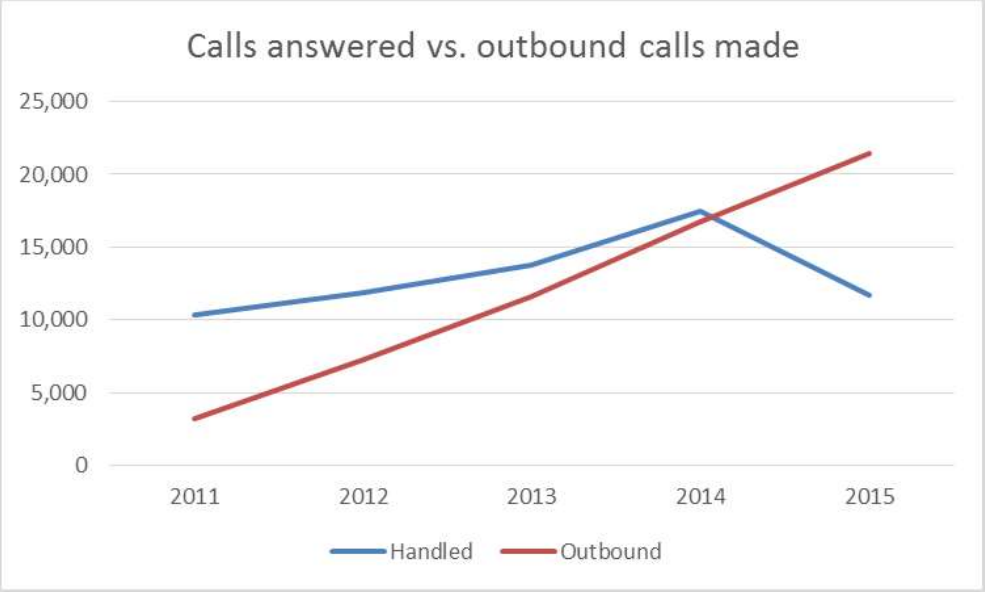
Figure 3 and Figure 4 below show a steady increase in the number of voicemails, largely due to longer wait times, and as a result, an increasing number of outbound calls being made compared to calls answered. This means that the majority of R&DVSA staff time is now spent on returning telephone calls.

Figure 3: Calls answered compared with voicemail messages left, 2011-2015



Source: KPMG, based on MHS data provided 20/1/16

Figure 4: Calls answered compared with outbound calls made, 2011-2015



Source: KPMG, based on MHS data provided 20/1/16

Careful consideration should be taken when looking at 1800RESPECT call data, as certain elements of service level performance indicators do not wholly apply to some of R&DVSA's activities, as discussed further in 5.3 below. Despite this, available data indicates that under the current contractual arrangements, R&DVSA is currently unable to meet the volume of calls coming into the service.

The committee has accepted this section of the report as confidential

There are a number of issues with reporting on R&DVSA activity in terms of telephone status codes, as there is not enough granularity within these data for either MHS or DSS to have accurate oversight of the work being undertaken. For example:

- The amount of time spent on tasks other than 'on-call consult' (as would be expected in standard call centre performance) reflects the fact that during each shift, six to seven staff are logged into the system undertaking call monitoring and quality assurance activities. As they are not responsible for taking calls, these staff spend their time logged into either 'end of shift' or 'clinical tasks' so that the system does not direct calls to them. However, this makes the AHT data look less 'productive,' as does the time spent listening to and returning voicemails.
- The application of a standard AHT metric to R&DVSA does not adequately reflect the considerable time counsellors often need to spend with individual callers, which can include both lengthy counselling over the telephone, and time-intensive post-call work (such as contacting Child Protection).
- R&DVSA classifies call handling time as all work undertaken by counsellors in providing an occasion of service, which may include the codes 'call prep' (to review case file notes), 'on call consult' and 'clinical tasks' (such as writing up notes or contacting other agencies). However, the exact sum of this activity undertaken for each telephone call cannot be discerned from the codes used, nor differentiated from the supervision work as described above.
- Counsellors automatically go into the 'after call work' code after an inbound call but are required to manually switch to this after an outbound call. At the end of an outbound call, counsellors may not necessarily switch to this code, which makes it appear as if outbound calls are taking longer. As noted previously, there are still a greater number of outbound calls being made than inbound calls being taken.

Given the limitations of the current codes and their application to 1800RESPECT, there may be merit in updating these to better reflect the work being done to ensure more accurate performance reporting. This change would need to be discussed further with both R&DVSA and MHS.

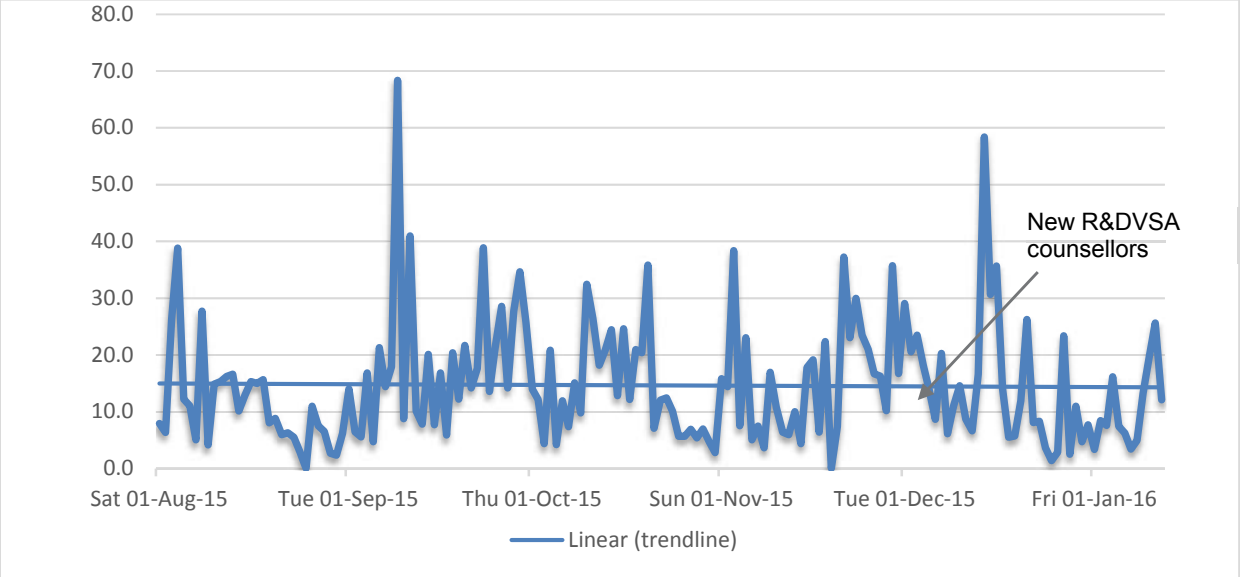
Call wait times

MHS monitors the Inbound Call Service Level, which is the percentage of Inbound Calls Answered within 30 seconds, divided by all Inbound Calls Answered. Service Level data from 2011 to present show that the targets have not been achieved since December 2013 and are on a downward trajectory towards 20 per cent.

It is difficult to measure the performance of R&DVSA as a counselling service against standard call wait times. As with a face-to-face clinical service, R&DVSA offers highly trained counsellors who people can access when they become available. However, unlike a face-to-face service where it is necessary to book an appointment with a counsellor, R&DVSA's service model is based on the premise that if a caller is prepared to hold for long enough, they will get through to a person who will provide them with a specialist counselling service over the telephone, for as long as is required.

For R&DVSA to answer all calls within 30 seconds, strict time limits on telephone calls would have to apply, thereby reducing the overall quality of the counselling provided and fundamentally changing the nature of the service.

Figure 7: Average call wait times, 1 Aug 2015 to 12 Jan 2016



Source: KPMG, based on MHS data provided 19/1/16

Critical to note here is that while some people may be happy to wait for their call to be answered, long call wait times may be **problematic** for more complex callers; or for those seeking general information, advice or referral to a local service, and a **risk** for those who may be in danger. While it is acknowledged that this type of crisis call to 1800RESPECT is (currently) relatively rare, it is important that the service has the ability to determine this and respond as necessary.

Further, despite an intake of new staff who were onboarded at the end of November 2015 using $4.0m of additional funding from DSS, there is not yet any discernable difference in average call waiting times as illustrated in Figure 7 above. A lag time can be reasonably expected given the time taken for new staff to settle into their work, and not enough time has yet elapsed since their commencement.

Despite these caveats however, the average call waiting times are indicative of the difficulty of a relatively small pool of specialist counsellors, operating under the current model, to handle the volume of calls to 1800RESPECT nationally.

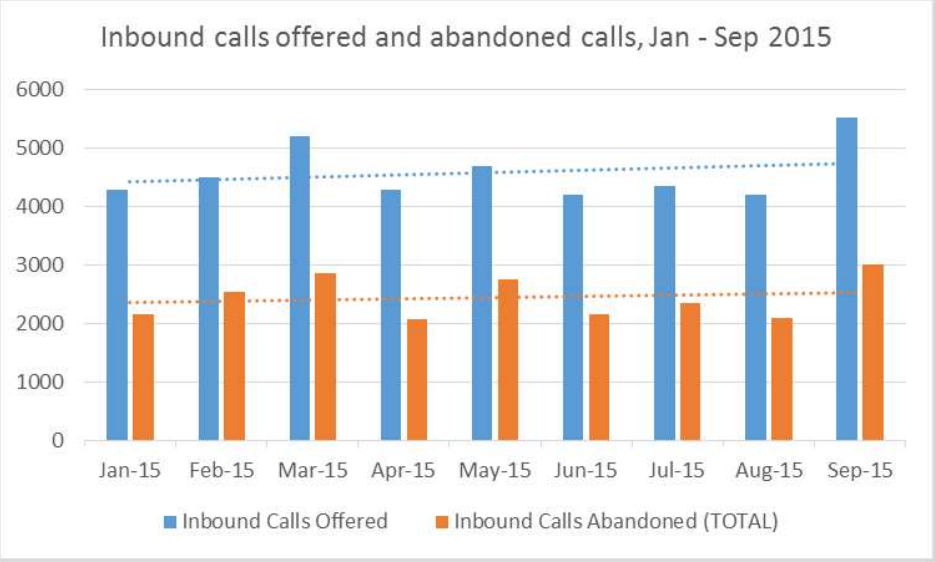
Call abandonment rates

Data on abandonment rates from 2015 show that on average, 53 per cent of all inbound calls coming into 1800RESPECT are abandoned. Figure 8 below shows that this proportion is fairly consistent throughout the year, indicating that for all incoming calls offered at any given time, half of the callers will hang up.

Given the nature of calls to 1800RESPECT, a degree of call abandonment is to be expected as some people may hang up suddenly once the call connects. This will occur irrespective of long

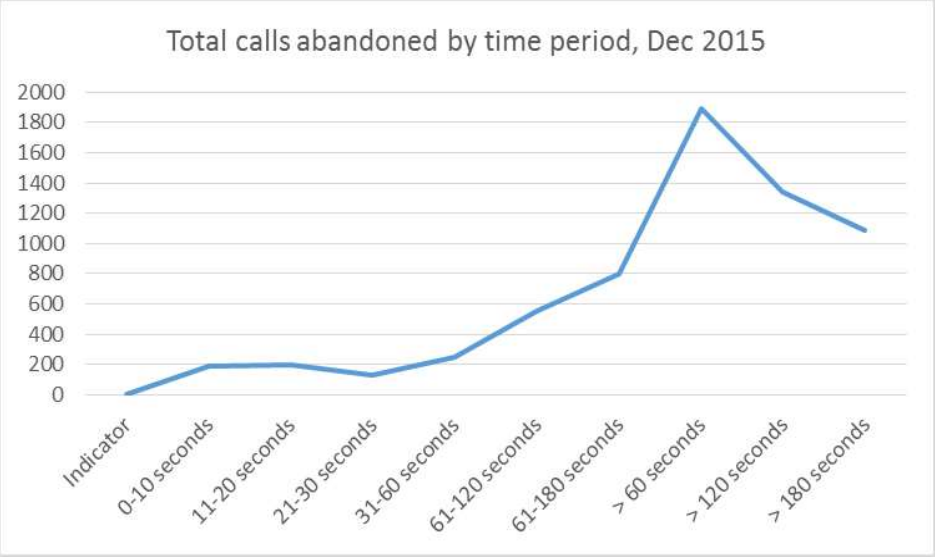
wait times. However, data on abandoned calls for December 2015, as shown in Figure 9 below, show that the large majority of calls are abandoned at the 60 second mark, well after the call has connected and callers have been welcomed to the telephone line. As illustrated in Figure 5, this is roughly the point where callers are offered the option of leaving a voicemail message. This can be interpreted as most people deciding that they do not wish to either leave a message, or wait on hold to access the service, and instead end the call.

Figure 8: Total inbound calls offered and abandoned, Jan – Sep 2015



Source: KPMG, based on Quarterly Reports Jan – Sep 2015

Figure 9: Total calls abandoned by time period, Dec 2015



Source: KPMG, based on DSS data provided 14/1/16

6 The requirements of a national Domestic Violence telephone counselling service

1800RESPECT is being increasingly marketed as both a first port of call and a one-stop-shop for people seeking information, advice and counselling on domestic violence. This sustained national promotion of the service as Australia's National Domestic Violence hotline over the past few years has largely contributed to the exponential increase in call volume.

This is distinct from other telephone services such as *beyondblue*, which has adjusted its marketing approach in recent years to carefully refine its service offering (i.e. educating and linking people to services in their community, as opposed to being a depression and anxiety hotline).

It is important to note that the 2010 contractual agreements between R&DVSA, MHS and DSS specified that a best practice counselling service was needed for domestic and family violence and sexual assault. While R&DVSA has implemented a high quality trauma-specialist servicein line with current best practice, it has been done against a backdrop of growing political emphasis and public awareness of issues of domestic and family violence and sexual assault.

Therefore when looking at issues of current and future call volume to 1800RESPECT and its capacity to meet this demand, it must be acknowledged that the 'landscape' has changed. As public awareness of the service continues to increase, 1800RESPECT needs to function as not only a best practice counselling service as it is contracted to do, but **also** as an effective first responder to a wide variety of incoming calls, as well as have the capacity to either provide callers with, or direct them to, the assistance that they require in the most efficient and effective way possible.

Given that many people who call the service may be experiencing or witnessing domestic violence, there is a risk that a person in crisis who requires immediate assistance (such as emergency accommodation or a safety assessment), may call 1800RESPECT and be unable to get through in a timely manner. This is not only a risk for each of R&DVSA, MHS and DSS, but an unacceptable risk for the caller.

Despite the high quality of R&DVSA's clinical counselling response, when considering the current and projected levels of call volume, some changes to the current operating model are required. This is required to both relieve the pressure on R&DVSA, as well as more efficiently respond as the general public would expect the national service to respond.

The committee has accepted this section of the report as confidential

8 Future options for 1800RESPECT Operating Model

Outlined below are three options for refining the 1800RESPECT operating model to more efficiently and effectively respond to calls. An analysis of relative strengths and weaknesses along with indicative costings (where able to be calculated) is also provided.

8.1 Summary of strengths, weaknesses and costings for three options

Table 6 below summarises the key points from the three proposed operating models.

Table 6: Summary of strengths, weaknesses and indicative costings for the three options

	Indicative costing (per year)	Strengths	Weaknesses
Option 1 – Increased funding for current operating model	**$22.5 million** (trebling of current funding)	• Significant improvements in wait times, service levels and abandonment rates to a desired level	• Most costly and most time required to implement • Significant delays associated with recruiting and training staff • Not feasible for the workplace, as R&DVSA has no capacity in its current location to house more staff • Not sustainable from a funding perspective, as additional staff will only address call volume at a point in time, with future need still unlikely to be met
Option 2 – Social worker/non-R&DVSA counsellor triage function	**Funding for R&DVSA counsellors plus $3.2 – 3.7 million**	• Calls answered quicker and more efficiently • A separate pool of telephone staff will reduce total call volume	• People will have to navigate an additional layer of service, which may potentially adversely impact the quality of the

	Indicative costing (per year)	Strengths	Weaknesses
		to R&DVSA, enabling the trauma-based counselling service to be more available for those that need it • No change to R&DVSA's best practice approach to providing a mutil-modal counselling service to the proportion of calls that it receives	service they initially receive • Outsourcing the triage function to another agency will create inefficiencies around the sharing and linking of client information between the two agencies
Option 3 – Trauma-specialist triage function	**This option has not been able to be fully costed as MHS has not had the opportunity to provide costings for this model.** No expected change in costs for R&DVSA counsellors, but MHS has not been able to provide their costs (likely to be related to changes to the telephony system and reporting processes)	• Provides ability to respond to a greater volume of contacts, while still providing a trauma-specialist counselling service to all calls • Removal of voicemail option will reduce the volume of call backs required	• Not every caller will have the option of accessing multi-modal counselling as per R&DVSA's best practice principles • The multi-modal counselling service will reach the maximum case load at times, and therefore need to close intake to further clients for periods of time. • Estimated improvements to operational

	Indicative costing (per year)	Strengths	Weaknesses
			performance are significantly below the first and second operating model options due to the fact that there will be no change to the current FTE of R&DVSA staff

Source: KPMG

8.2 Option 1 - Increased funding for the current operating model

The first option to consider is providing additional funding for R&DVSA to recruit more staff to answer calls coming into 1800RESPECT.

The committee has accepted this section of the report as confidential

Costing

In order to see improvements in operational performance and service responsiveness as outlined in Table 7 below, MHS has calculated an additional **$15 million** in funding, representing a trebling of the current funding of $7.5 million to $22.5 million in FY2016.

Total cost per year: $22.5 million

Strengths

As shown in Figure 12 above, the introduction of new staff at R&DVSA would ideally reduce the time taken to:

- Answer calls waiting in the queue
- Return voicemails, and
- Categorise call backs.

Trebling funding to 1800RESPECT for additional telephone counselling staff under the current operating model would deliver significant improvements in wait times, service levels and abandonment rates to a desired level. The impact of increased funding is provided at Table 7 below.

Table 7: Impact of increased funding to current operating model

	Current funding	Option 1 funding
FY16 funding	$7.5m	$22.5m
Average wait time	720 seconds	90 seconds
Service level (% answered within 30 seconds)	46%	70%
Abandonment rate	78%	8-10%
On phone FTE	31.5	72

Note: R&DVSA have advised current FTE is 31.5
Source: KPMG, based on information from MHS

Weaknesses

Given the continual increase in call volume by year, recruiting new staff would only help with addressing demand at a point in time with future need still unlikely to be met. With no alteration to any other part of the operating model, this option would require a continual increase in staff numbers year on year. This is neither feasible for a workplace, nor sustainable from a funding perspective.

Further, considering the highly skilled nature of its workforce (who are required to have a minimum of 3-5 years' experience) and the time taken to recruit and train (four months minimum), as a specialist service R&DVSA is limited in its ability to recruit staff at any given time at a rate that would be required to continue to meet call volume.

It should be noted that R&DVSA is considering ways to alter the qualification requirements of new counselling staff, such as recognising significant relevant experience as an alternative; however this would require a contract variation with MHS.

8.3 Option 2 – A social worker/non-R&DVSA counsellor triage function that assesses and funnels calls according to need

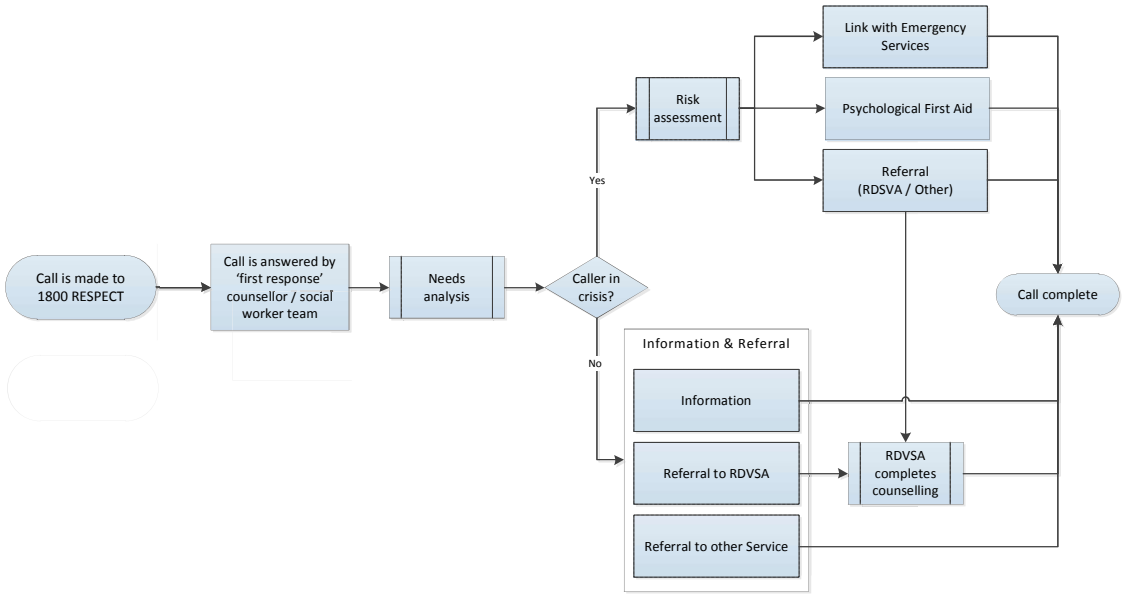
This option would comprise a first responder team of trained social workers and other counsellors trained in domestic and family violence and sexual assault issues, who are separate

to R&DVSA and are able to respond to, to respond to calls as soon as possible after they enter the queue. The purpose of this team would be to listen to the caller and take immediate action on the call as required, which includes but is not limited to:

- Rapid risk assessment: determine the nature and urgency of the presenting issue
- Crisis response: arrange for emergency transport and/or accommodation
- Provision of information and advice: such as assistance to navigate the 1800RESPSECT website or other online resources
- Warm link or scheduling of an appointment with an R&DVSA counsellor: should caller request or require a counselling session, and/or
- Warm link or referral to another service provider: such as the state-based DV/SA service in their jurisdiction.

Figure 13 below shows the process map of a telephone call coming into the 1800RESPECT line via the non-specialist triage function.

Figure 13: Process map for social worker/non-R&DVSA counsellor triage function



Note: This diagram assumes that once a call has been triaged, there are no other changes are made to the existing operating model for 1800RESPECT.
Source: MHS

Costing

Indicative costs per annum of delivering this model would be between $3.2 to 3.7 million, in addition to the costs for R&DVSA counsellors. It is expected that initial implementation costs are included in this amount.[11]

Under this model, it is possible that R&DVSA would not require the level of funding they currently receive as the number of counselling sessions they would deliver would likely be reduced. The indicative pricing for this approach is based on 55,000 calls a year, and a 15 minute average handling time.

Total cost (first year): Funding for R&DVSA counsellors plus $3.2 – 3.7 million

Total ongoing cost: as above

Strengths

A front-end process for all calls made to 1800RESPSECT would satisfy the need for 1800RESPSECT to have a first responder role. It will enable a proportion of all calls to be dealt with by a separate pool of telephone staff, thereby reducing the call volume to R&DVSA.

This option will maintain the integrity of the quality service currently being provided by R&DVSA, while industrialising a front-end process that enables a way to distinguish different types of calls from the outset. It will also mitigate risks of long call wait times for crisis calls on hold for long periods of time, while making the best use of R&DVSA counsellors' time by only directing callers requiring counselling to them.

This approach will also enable MHS to leverage its existing counselling workforce and will be able to utilise professionals who have a degree of training in dealing with victims of trauma and understanding of the broader human services system.

Figure 13 above assumes that no changes are made to the operating model for the other services that R&DVSA provides, in that they will all still come through to the same queue. However, by diverting groups of calls made to 1800RESPECT away from this queue, it can be reasonably assumed that overall reductions will be seen in:

- Call wait times
- Number of total calls made to the service (as the model will reduce the number of repeat calls made due to long wait times)
- A proportion of abandoned calls (as people will be able to speak with someone quickly)
- Numbers of voicemails
- Occasions of voicemail categorising, and
- Numbers of outbound calls made.

[11] Advice from DSS and MHS

Table 8: Impact of non-specialist triage function

	Current funding	Option 2 funding
FY16 funding	$7.5m	$10.7-11.2m (current funding plus $3.2 – 3.7m, including one-off implementation fee in first year)
Average wait time	720 seconds	40 seconds
Service level (% answered within 30 seconds)	46%	80%
Abandonment rate	78%	<5%
On phone FTE	31.5	• R&DVSA: Expected to reduce over time as call volume decreases • Social worker/non-R&DVSA counsellor staff: TBC

Note: This assumes non-specialist triage staff are trained nurses.
Source: KPMG, based on information from MHS

Weaknesses

This option will no longer provide a trauma-specialist counselling service for all callers coming into 1800RESPECT, and as noted previously, potentially represents a departure from the current contractual agreements between DSS, R&DVSA and MHS that specified that a best practice counselling service was needed for domestic and family violence and sexual assault nationally.

By removing the ability for all callers to access a trauma-specialist service when they first come into contact with 1800RESPECT, there is a risk that people who call the service will have to navigate an additional layer of service, which may potentially adversely impact the quality of the service they initially receive.

There is also a risk that outsourcing the triage function to another agency will create inefficiencies around the sharing and linking of client information between the two agencies, which has the potential to adversely impact callers and the response they receive.

8.4 Option 3 – A trauma-specialist triage counselling service

This option is for R&DVSA to operate two differently focused, trauma-specialist counselling services on behalf of 1800RESPECT. This model comprises:

- An upfront response with a focus on crisis intervention, assessment and referral to services nationally. This service would utilise a scaled-back or 'minimal' client database system for documenting contact from clients and would respond to up to six contacts from any single client. Further information would be required from both R&DVSA and MHS regarding the arrangements for managing this database; reporting back to DSS; as well as any associated costs.
- A more in-depth, multi-modal counselling service for clients who have been referred from the triage counselling service, with complex needs that cannot be met using a crisis intervention model as described above. Best practice trauma specialist counselling interventions would be offered, including clinical care networking, development and review of therapeutic plans, and liaison/advocacy as needed. Clients would be offered a call back service rather than a response on demand service, and priority access to the service would be offered to clients who are currently at moderate or high levels of risk of harm, or who have dependents currently at moderate or high levels of risk.

R&DVSA's existing staff would be reassigned to each of the two services above, based on their aptitude for either dynamic crisis work or medium-term complex needs counselling, with additional training provided. Around 60 per cent of staff would initially be allocated to triage, with this proportion to be monitored and adjusted depending on call waiting times and abandonment rates post-implementation.

The committee has accepted this section of the report as confidential

Costing

Based on R&DVSA's analysis, costs for implementation of the Trauma Specialist Triage Counselling Service and the Trauma Specialist Multi Model Counselling Service can be met within the current 1800RESPECT budget. The crisis intervention counselling model is already

researched, developed and tested and will be used in the Trauma Specialist Triage Counselling Service.

As this operating model only requires current R&DVSA staff numbers, implementation of this operating model would consist of training staff according to their 'service line' and the development of the scaled-back triage database. Training for staff will focus on understanding and maintaining the boundaries and assessment criteria of the two services provided. Existing R&DVSA staff would work with MHS to change the call flow pattern and remove the answering service and message option attached to the main incoming line.

While R&DVSA have advised that ongoing operational counselling costs will likely be cost neural, as MHS has not had the opportunity to provide costings for this model, the actual total implementation and operational costs cannot be currently determined.

R&DVSA have advised that ongoing operational costs will be met within the current budget, and that any additional funding (in addition to the current grant) would be used directly to increase capacity (i.e., recruiting further staff).

Total cost (first year): Unable to be determined

Total ongoing cost: Unable to be determined

Strengths

This model will enable a faster response to a greater volume of contacts, by focusing resources on answering incoming telephone calls or online contacts as they come in (rather than returning voicemails), while still providing a trauma-specialist counselling service to all calls coming into 1800RESPECT.

R&DVSA have advised that implementation of this model could be achieved within a four-week timeframe. As the triage team will work within a scaled back database, this will reduce the amount of time that they will need to spend in documentation and file review activities and therefore enable them to respond more efficiently to incoming calls.

It is proposed that these services will be provided by telephone and online only, and that voicemail will no longer be used. By significantly reducing the volume of call backs required, R&DVSA counsellors will no longer have to undertake a large proportion of time-intensive tasks associated with preparing to call people back (i.e. reading though file notes, preparing a service response). This will 'free up' more counsellor time and enable contacts to be responded to on a more immediate demand basis.

The impact of a trauma-specialist triage function is provided at Table 9 below.

Table 9: Impact of trauma-specialist triage function

	Current funding	**Option 3 funding**
FY16 funding	$7.5m	Unable to be fully costed
Average wait time	720 seconds	300 seconds
Service level (% answered within 30 seconds)	46%	60%

	Current funding	Option 3 funding
Abandonment rate	78%	25%
On phone FTE	31.5	31.5

Note: These are estimates based on current demand.
Source: KPMG, based on information provided by R&DVSA

Weaknesses

As R&DVSA's existing service offering will be separated into two components, this will mean that not every caller will have the option of accessing the full gamut of counselling services (i.e. clinical care networking, therapeutic planning, liaison/advocacy work) when they reach 1800RESPECT. However it should be noted that not all calls will require specialist counselling.

As noted in Figure 14 above, it is possible that the multi-modal counselling service will reach the maximum case load at times, and therefore need to close intake to further clients for periods of time. Further information on how often intake would likely be closed and for how long would need to be further discussed and clarified with R&DVSA. This means that some clients with complex needs will have less up-front options immediately available to them than they do currently when calling 1800RESPECT, and that there will likely be a delay between making initial contact with the service and accessing specialist counselling. This is a similar issue to the current operating model.

Estimated improvements to operational performance are significantly below the first and second operating model options. This is due to the fact that there will be no change to the current FTE of R&DVSA staff who will be answering and responding to calls, compared with increases to staff (both R&DVSA staff in option 1 and non-specialist staff in option 2).

8.5 Summary of three options

Table 10 below provides a summary of the funding and expected impact on operations performance of each of the three options presented above.

Table 10: Summary of three options

	Current funding	Option 1	Option 2	Option 3
FY16 funding	**$7.5m**	**$22.5m**	**Current funding for R&DVSA counsellors plus $3.2 – 3.7 million**	**Unable to be fully costed**
Average wait time	720 seconds	90 seconds	40 seconds	300 seconds
Service level (% answered within 30 seconds)	46%	70%	80%	60%
Abandonment rate	78%	8-10%	<5%	25%
On phone FTE	31.5	72	• R&DVSA: Expected to reduce over time as call volume decreases • Non-specialist triage staff: TBC	31.5

Source: KPMG

In terms of the relative strengths and weaknesses of each, it is important to note:

- Option 1 is a way to address call volume and to maintain the current best practice counselling service offering. It is significantly more expensive than both Options 2 and 3, as it would require a trebling of specialist counselling staff. Given that additional staff may only address call volume at a point in time, this option is neither sustainable for a workplace, nor sustainable from a funding perspective. As this option would be dependent on the timely recruitment and training of suitable staff, an issue recognised by R&DVSA, the implementation of this option would take four to six months minimum.
- Option 2 will provide the best overall improvements to operational performance, with lowest call wait time and abandonment rates and implementation is expected to take around four weeks.

- The actual cost for option 3 is currently unable to be determined as MHS has not yet had an opportunity to provide costings associated with this model. This option also provides the lowest levels of operational improvements with respect to call wait times and abandonment rates. Implementation is expected to take four weeks following the allocation and training of staff to each of the two teams. Should this option be trialled, the impact on operational performance would need to be monitored and the proportion of staff allocated to each team adjusted accordingly.

The committee has accepted this section of the report as confidential