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REPORT

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SURVEY: IMPACTS OF THE COVID-19 PANDEMIC ON SERVICE DEMAND FOR FAMILY AND RELATIONSHIP SERVICES

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ABOUT FRSA

As the national peak body for family and relationship services, FRSA has a critical leadership role in representing our extensive network of Member Organisations to support their interests and the children, families, and communities they serve across Australia. FRSA plays a significant national role in building and analysing the knowledge and evidence base relating to child and family wellbeing, safety, and resilience. We undertake research and work with government and non-government stakeholders to inform policy and shape systemic change.

Our vision

The wellbeing of all children, families and communities in Australia is supported and protected.

About our members

FRSA has 165 members, with 135 members in a direct service delivery role,[1] providing family and relationship and family law services to approximately 580 000 Australians each year.

ACKNOWLEDGEMENTS

FRSA acknowledges and thanks:

- the Service Demand Advisory Committee (see Attachment 1), who generously shared their experience and expertise to guide development of the survey questions and to review the survey findings
- Dominic Stenson, who during his student social work placement with FRSA from the Australian Catholic University, meticulously coded and analysed the survey data, as well as making refinements to the survey design
- FRSA members, for taking the time to respond to the survey during a particularly challenging year.

[1] FRSA's full members deliver family and relationship services. FRSA's associate, individual, and honorary members hold policy, research and professional expertise in family law, family and relationships services and related social services.

BACKGROUND

FRSA members met on 25 June 2020 to discuss how a robust picture of service demand (including unmet demand) could be captured by the sector. The discussion took place against the backdrop of the COVID-19 pandemic and on the tail of devastating bushfires and floods.

Service providers described seeing families under increasing financial and other pressures and speculated that the demand for family and relationship services would grow as the longer-term effects of isolation, unemployment and financial uncertainty played out. A scan of literature on past economic crises and reports of experiences in countries 'ahead' of Australia in the pandemic indicated that service demand would increase as the social and economic impacts of the pandemic unfolded.

At that meeting members discussed several challenges to accurately tracking and reporting service demand. They explained that they are required to report met demand (the number of clients that have received a service) to the funder, Department of Social Services (DSS) but not unmet demand – that is, people who have reached out for support but cannot be offered services as demand has outstripped supply. Members noted that the way waitlists are used can give an inaccurate picture of unmet service demand. For example, some providers close waitlists when they reach a certain threshold, and people may put themselves on multiple waitlists thereby distorting service demand data.

It was agreed that FRSA would establish an advisory group to explore how to better identify and track service demand and need data. The Advisory Committee agreed that two pieces of work should be undertaken:

- Develop an issues paper that further explores the barriers to collecting accurate service demand data
- An exploratory survey with members to gain insights on the impacts of COVID-19 on service demand.

METHODOLOGY

The survey covered 16 service streams under the Department of Social Services (DSS) Families and Children (FaC) Activity. These service streams are shown in Figure 1. below, and a short description of each service is provided at Attachment 2. The survey was developed in SurveyMonkey.

The survey asked a series of closed questions using multiple choice, checkboxes, and dropdown question types. These closed questions were supplemented with open questions, allowing respondents to provide as much contextual information as possible. The same set of questions was used for each of the 16 service streams (see Attachment 3: Service Demand Survey extract).

Respondents were asked to reflect on impacts on service demand from 1 March 2020 to the time of their response (early to late October 2020) across each FaC Activity service stream they delivered. The questions asked about:

- altered approaches to service delivery as a result of the pandemic and changes experienced in the demand pattern (increases, decreases etc)
- expected demand pattern over the following 6-12 months (to late 2021)
- main referral pathways prior to 1 March 2020
- changes in referral pathways since 1 March 2020

We then asked respondents two questions about their organisation's data collection and a final general question, which asked if there were any other observations the respondents would like to make about service demand trends and/or community need over 2020.

At the close of the survey, the survey data was exported to the SPSS platform for analysis.

Survey timing

The survey opened 6 October 2020 and closed on 30 October 2020.

At the time that the survey was conducted:

- Victoria was emerging from its second extended lockdown.
- No other states or territories were in lockdown at this point although some restrictions remained in place – for example, limitations on large gatherings and hard border policies.
- The Australian economy was in recession.
- The Coronavirus Supplement, which was introduced in March 2020, had recently (25 September 2020) been cut from $550 per fortnight to $250 per fortnight. At that time, the Government said the Coronavirus Supplement would end on 31 December 2020. It was subsequently extended to end March 2021 but at a reduced rate of $150 per fortnight from 1 January 2021. From 1 April 2021, when the Coronavirus Supplement ended, most

income support payments were given a small permanent increase of $50 per fortnight.

- Phase one of JobKeeper, which supported businesses and not-for-profits by enabling them to pay and retain workers and came into effect on 30 March 2020, had recently ended on 27 September 2020. Phase two, which provided a reduced payment rate from 28 September 2020 to 3 January 2021, and then phase 3, which provided a further reduced rate ran from 4 January to 28 March 2021.

Survey limitations

FRSA members manage service demand in different ways. The way in which intake screening and assessment is undertaken, and the tools used, varies across the sector and as noted above, there are different policies and practices around the use and management of waiting lists.[2]

The survey did not attempt to provide a representative analysis of service demand over the survey period or to enable comparisons between organisations. Rather, it was exploratory in nature and designed to elicit possible broad trends and prompt further discussion.

We note that almost 30 percent of survey respondents were from Victoria, which experienced an extended lockdown from late June 2020 through to late October 2020. This had a relatively minor influence on survey findings. However, at times we do reflect directly on the Victorian experience and responses.

RESPONSES

FRSA received 34 unique[3] organisation responses, which is just over 25% of FRSA members that directly deliver family and relationship services.

Victoria had the highest response rate response (11 respondents), followed by Qld (7), then NSW, SA and WA (4 each), and 1 response each from the ACT and the NT. Two responses were from cross border organisations (ACT/NSW and Vic./NSW). Due to the relatively small number of unique organisation responses, analysis was not undertaken on a state-by-state basis.

[2] FRSA (2021), *Service Demand: Family and Relationship Services – Issues Paper*, pp 10-11.

[3] Multiple responses were received from some organisations but responding to different program areas. In these instances, the responses were combined as one respondent. In some cases, multiple responses were received from an organisation responding to the same service stream. These responses were consolidated into a singular response. Any discrepancies between responses from the same organisation were first checked for internal inconsistencies (for example, quantitative and qualitative data not matching up). Responses with internal inconsistencies were discounted. Consistencies across responses were also considered (in cases of more than 2 respondents from the one organisation) and responses that deviated from the majority response were discounted for analysis. Following that the response included for analysis was selected on the basis of the respondent's position in the organisation with priority going to CEO/Executive Director (that is, on the basis of seniority within the organisation).

Responses by service stream

FRSA received 146 responses across the 16 service streams. No responses were received for Adult Specialist Support Services (Find and Connect and Forced Adoption Support Services). Only a few responses were received for the following programs: Home Interaction Program for Parents and Youngsters (1), Budget Based Funded Services (2), Reconnect (2), Communities for Children Facilitating Partners Program (3), Intensive Family Support Services (7) and Supporting Children after Separation (9).

Figure 1 below shows the number of responses by service stream.

Figure 1:

SERVICE STREAM	No. Responses
Family Law Services:	
Family Relationship Centres	17
Parenting Orders Program	15
Supporting Children after Separation	9
Children's Contact Services	10
Family Dispute Resolution (including Regional FDR)	16
Family Law Counselling	15
Children and Parenting Services:	
Intensive Family Support Services	7
Child and Parenting Support Services	13
Home Interaction Program for Parents and Youngsters	1
Budget Based Funded Services	2
Family and Relationship Services	
Family and Relationship Services	23
Specialised Family Violence Services	13
Communities for Children Facilitating Partners Program	3
Adult Specialist Support Services	
Find and Connect	0
Forced Adoption Support Services	0
Reconnect Program	2
	146

FINDINGS

The demand pattern over the survey period (end March to mid-Oct 2020)

Figure 2 below displays the data on a disaggregated, service by service basis. However, give the varying number of responses across services, our analysis across all the survey questions was principally undertaken on a thematic basis looking at services in aggregate. Any reflections on individual service streams are drawn with reference to the supporting qualitative data.

For the survey period (end March to mid-October) of the 146 service-based responses:

- Approximately 33% reported an increase in demand
- Approximately 3.5% reported a decrease in demand
- Approximately 40.5% reported that demand remained relatively steady
- Approximately 23% reported that demand fluctuated.

Figure 2: Demand pattern experienced during COVID

	An increase in demand	**A decrease in demand**	**Demand has remained relatively steady**	**The demand pattern has fluctuated**
FRC	3	1	9	4
Parenting Orders Program	4	0	8	3
SCASP	4	0	3	2
CCS	1	2	3	4
FDR	2	0	6	8
Family Law Counselling	6	0	6	3
IFSS	3	1	3	0
Children & Parenting Support	5	1	7	0
HIPPY	0	0	1	0
BBF	1	0	1	0
FaRS	12	0	6	5
SFVS	6	0	3	3
CfC	1	0	1	1
Reconnect	0	0	2	1
TOTAL 146	**48**	**5**	**59**	**34**

We provide a brief summary of commentary provided in relation to these service demand trends, which show the complexity of understanding service demand and the factors impacting demand levels and recording of service demand.

Where an increase in demand was reported, the following observations were made:

- Demand increased because other services/agencies in the local area temporarily closed due to lockdown

- In a few cases, session numbers increased (rather than, or as well as, client/potential client numbers) due to a shift from group work to individual work or an increase in sessions for existing clients
- Increase in demand (particularly noted for Family and Relationship Services – counselling, and Specialised Family Violence Services) were attributed to families being under increased stress due to the pandemic and in need of support. In part, existing clients needed more sessions/support and in part, new clients reached out for services.

There was limited commentary from the 40.5% of respondents who indicated that demand had remained relatively steady over the COVID period. The exception to this was that a few respondents explained that their service was already at capacity, and they had ceased accepting referrals and/or had closed waiting lists prior to the survey period.

Where commentary was provided for decreases in demand respondents made the following observations:

- There was a lack of community knowledge that the service was still open
- Closure of other services, courts (Children's Contact Services and Parenting Orders Program) and schools (Children and Parenting Services) meant less referrals were coming through
- Cross-border clients were unable to access services due to border closures.

Where demand was reported to have fluctuated, respondents made the following observations:

- Services initially experienced a drop in demand when states/territories entered lockdown and then demand increased (sometimes above pre-COVID levels) as people either adjusted to lockdown or particular regions came out of lockdown. A few respondents noted that some clients initially delayed service access waiting for face-to-face services to resume – but ultimately took up online service support when they realised face-to-face support was still a way off.
- Parents 'readiness' for parenting programs (Children and Parenting Services) was temporarily eclipsed by more urgent considerations for clients such as financial support, mental health issues and family and domestic violence issues.
- Similarly, organisations with a large client base of clients on temporary visas saw demand drop while clients dealt with more urgent challenges such as seeking emergency relief.
- Where face-to-face services continued, physical distancing and COVID hygiene restrictions (e.g. cleaning spaces between sessions) meant fewer clients were able to be seen for a period of time. This explanation suggests there was a fluctuation in *met* demand (or clients able to be seen) but not necessarily a decrease in demand (met and unmet) overall.

Approach to service delivery during COVID-19 (March-October 2020)

Survey respondents were asked: *'In what ways, if any, did you alter your approach to service delivery for [the service] as a result of COVID-19?'*

Noting that respondents may have adopted a mixed approach and/or that the approach to service delivery may have changed in line with changing state-based pandemic restrictions, respondents were asked to select *all* options that applied to their service. For example, an organisation may have temporarily suspended a service and then moved to delivering that service online.

Only service streams with 10 or more overall survey responses were included in this analysis.

With the exception of one respondent for one service stream (Family Dispute Resolution), all respondents reported that they altered their approach to service delivery over the late March to late October 2020 period. The largest change in approach to service delivery was from face-to-face to online service delivery and/or face-to-face to telephone service delivery, with over 95% of respondents indicating that their organisation had moved to online and phone service delivery for at least one service stream.

When disaggregated on a service-by-service basis and expressed as a percentage of the total number of responses for that services stream (see figure 3) the move from face-to-face service delivery to either online (28.5% averaged across service streams) and face-to-face to telephone service delivery (29% averaged across service streams) were the largest altered approaches to service delivery over the March-October 2020 period. However, the move to online service delivery was significantly lower for Children's Contact Services (16%) with other service streams sitting between 25-35%. Moving to a mix of face-to-face and online service delivery (14%) was the next largest altered approach to service delivery.

Where respondents selected 'Other' this was generally to further explain or qualify their organisation's approach – for example, noting that as state restrictions eased, face-to-face services were again offered, or reporting that face-to-face services continued to be offered to high-risk/vulnerable families (particularly for Children's Contact Services, Parenting Orders Program and Specialised Family Violence Services). Some respondents outlined their COVID-safe practices (for example, wearing PPE), where face-to-face was still offered. Others reported temporarily suspending group work and offering one-to-one case management in place. Providing child development, play-based activity packs to families was an example of an alternate approach under Children and Parenting Services.

A small number of respondents reported moving to outreach for the Family Relationship Centre, Family Dispute Resolution, and Children and Parenting Support service streams.

Figure 3: Altered approach to service delivery (end March – late October 2020)[4]

	We did not alter our approach to service delivery	Moved from face-to-face to online service delivery	Moved from face-to-face to telephone delivery	Moved to a mix of face-to-face and online service delivery	Moved to a mix of face-to-face and telephone service delivery	Moved to outreach	Temporarily suspended service delivery	Other (please describe how)
FRC	0	30%	32%	15%	10%	1%	4%	8%
Parenting Orders Program	0	29%	26%	12%	8%	0	8%	16%
CCS	0	16%	20%	20%	8%	0%	20%	16%
FDR	2%	33%	33%	11%	7%	2%	0	13%
Family Law Counselling	0	33%	30%	13%	11%	0	0	13%
Children & Parenting Support	0	25%	25%	18%	15%	2.5%	7.5%	7.5%
FaRS	0	35%	34%	12%	9%	0	1%	9%
SFVS	0	27%	33%	13%	13%	0	7%	7%
AVERAGE %	*0.25%*	*28.5%*	*29%*	*14%*	*10%*	*1%*	*6%*	*11%*

On average, 6% of the 146 service stream responses temporarily suspended service delivery, with a notable 20% for Children's Contact Services, followed by 8% for Parenting Orders Program, Children and Parenting Support (7.5%) and Specialised Family Violence Services (7%). Where comments were provided, the temporary suspension was attributed to:

- Schools closures (Children and Parenting Support Services)

[4] Note: due to low number of survey responses (<10), the following service streams have been excluded from this table: Supporting Children After Separation program, Intensive Family Support Services, HIPPY, Budget-based Funded Services, CfC and Reconnect.

- Court closures (Parenting Orders Program)
- Telepractice not being seen as appropriate for certain kinds of services – for example, group work such as Men's Behaviour Change Programs, and Children's Contact Services.

Online service provision

Given the need, in many instances, to move service delivery at least partially online, the shift elicited a lot of commentary. Some comments were about the practical realities of shifting to online service delivery:

> *[We] rushed to get the appropriate IT to work from home. Steep and stressful learning curve on how to provide service remotely.*

Many noted the need to continue face-to-face service delivery for high-risk clients or vulnerable cohorts:

> *The impact of COVID19 is that our services have adapted to become more individualised. There is increased access for people through telepractice, but we are mindful that face to face must also continue for children and young people and other vulnerable groups.*

A few respondents reported that they experienced less cancellations when delivering their services online compared to face-to-face sessions, and as noted below, some respondents reported that moving service delivery online provided greater flexibility for clients.

Managing changes in demand

We asked: *Please describe how you managed changes in demand?*
We received 96 (out of 146) responses across the service streams to this question and have consolidated these responses into themes below.

Managing increases in service demand:

- The move to telepractice (online/telephone service delivery) enabled:
  - Practitioners to provide services outside regular hours
  - Practitioners to work across sites in multi-site agencies
- More staff were temporarily engaged to help meet increased demand (funded by approved use of underspends).
- Staff worked increased hours
- Introduced greater flexibility, where appropriate, in the roles staff undertook (to avoid bottlenecks in service delivery)
- Modified intake processes to enable practitioners to focus on therapeutic supports
- Shortened sessions to enable more clients to be seen and/or existing clients to be seen more regularly when needed.
- Closed waiting lists where increased demand could not be met;
- conversely, opened waiting lists where previously there was not a need for one.

- Introduced or tightened triage processes and practices.
- Greater internal (cross-program) and external (cross-agency) collaboration to meet increased/changed need.

Managing decreases in service demand:

- Increased publicity to let communities know the service was still open
- Proactively reached out to other services/community partners to let them know the service was still open
- Contacted clients who had missed appointments to offer alternate modes of service delivery (online/telephone)
- Reduced number of shifts for casual staff.
- Encouraged staff to take up online professional development opportunities in the down time.

Managing changes in service delivery approaches and client needs:

- Development of policies, procedures and training for online service delivery
- Changes to risk assessment and intake to meet the specific challenges of an online environment
- Procurement of laptops for staff to work from home
- Regular phone wellbeing check-ins with clients where regular services had been temporarily suspended or client risk/vulnerability had increased
- Moved from group work to one-to-one sessions,
- Conversely, moved from one-to-one sessions to group work to enable more clients to be reached.
- Continued to offer face-to-face services to high-risk clients, while offering online services otherwise.

Looking ahead: Expected Demand Pattern over the next 6-12 months (November 2020—)

When asked: *What demand pattern do you expect to see for the [service] over the next 6-12 months?*

Of the 146 responses:

- Approximately 53% expected to see an increase in demand
- Approximately 1% expected to see a decrease in demand
- Approximately 28% expected demand to remain relatively steady
- Approximately 4% expected demand to fluctuate
- Approximately 14% felt it was too hard to say.

Figure 4: Expected demand pattern over the next 6-12 months (November 2020 on)

	I expect to see an increase in demand	I expect to see a decrease in demand	Demand will remain relatively steady	Demand will fluctuate	It is too hard to say
FRC	9	0	6	0	2
Parenting Orders Program	9	1	4	0	1
SCASP	5	0	2	1	1
CCS	6	0	2	1	1
FDR	9	0	5	0	2
Family Law Counselling	5	0	8	0	2
IFSS	3	0	2	0	2
Children & Parenting Support	8	0	1	2	2
HIPPY	0	0	1	0	0
BBF	1	0	1	0	0
FaRS	15	0	4	1	3
SFVS	7	0	2	1	2
CfC	0	0	2	0	1
Reconnect	0	0	1	0	2
TOTAL 146	**77**	**1**	**41**	**6**	**21**

There was limited commentary for all categories except 'I expect to see an increase in demand', which generated significant discussion.

While 53% of respondents expected that demand would increase over the period November 2020 onwards, it is important to note that the picture is complex. In many cases, people expected demand to increase against a pre-COVID 'normal' rate. In a few cases, respondents noted that demand had already increased under COVID conditions, and they expected it to increase further. For others, however, the anticipated increase was due to backlogs. Where demand had decreased or fluctuated, this was attributed to temporary suspension of services, which as social restrictions eased, respondents anticipated an influx of clients. Examples included services operating through schools (school closures), some group work being put on hold, clients unable to visit children's contact services (some children's contact services continued

operating face-to-face, others did not), and family court closures leading to delays in referrals to the parenting orders program.

> *I expect to see an increase in demand. The hidden families and children that haven't been seen at school or other services/activities during this time is of great concern. There will be an influx of demand for children and families requiring support.*

Respondents expecting to see an increase in demand that was not related to backlogs, attributed this to the impacts of the pandemic on people's financial, social and emotional health:

> *I expect to see an increase in demand: I feel that with the combination of financial difficulties and isolation = the risk of increased FDV, child abuse, mental health issues, drugs and alcohol will increase. And as a result more family will be in need of mediation regarding their children and assets.*

Financial issues

Forty out of 146 service stream responses raised the issue of financial stress in the open questions and linked this to an anticipated increase in service demand. Comments noted that job losses, imminent decreases to the JobSeeker Coronavirus Supplement and the end of JobKeeper would negatively impact relationships in turn leading to increased demand for family and relationship support.

> *Financial pressure due to the state of the economy is having an impact on relationships, this will intensify as government assistance is rolled back.*

Family and Domestic Violence

Several respondents drew a connection between increases/expected increases in domestic and family violence, and an anticipated increase in service demand over forward months for Specialised Family Violence Services,

> *No To Violence (peak body) tells us that the incidences of Family & Domestic Violence has increased during COVID-19, and we expect to receive more referrals into the program.*

and for other family and relationship services:

> *We expect a continued increase in demand for support due to the identified increase in domestic and family violence.*

> *Family violence reports and support are becoming a larger component of the work of the staff/ mediator group.*

Family and domestic violence was the most frequently raised issue in response to the survey's final open question: *Are there any other*

observations you would like to make about service demand trends and/or community need over 2020?

Some comments reflected that domestic and family violence had increased over the March-October 2020 period:

> *State DFV services are overwhelmed with service demands and so we are often holding high risks DFV clients and managing safety until the specialist services have capacity to engage.*

And…

> *There has been a spike in DV for many of the families we provide counselling to and increased levels of anxiety for children presented in children's counselling.*

Others expressed concern about perceived unmet need for family violence support in the community noting existing barries to help seeking as well as coercive control being compounded and worsened by lockdown, and further increasing unmet need:

> *I think family violence situations would have increased; however, victims have been reluctant to reach out due to a fear that support won't be easy to access.*

Mental Health

Some respondents reported they anticipated an increase in demand (November 2020 onwards) due to the impacts of the pandemic on people's mental health. This was particularly notable in Victorian respondents, for example:

> *For some Families their wellbeing and general mental health will be significantly impacted by the pandemic. This will lead to a need for counselling services.*

Family Mental Health Support Services (FMHSS)

The survey did not include the service stream, Family Mental Health Support Services (FMHSS), as when the survey was conducted, FMHSS was part of the Department of Social Services Community Mental Health Activity. As of April 2021, FMHSS was moved under the Families and Children (FaC) Activity, and now sits alongside the other service streams included in the survey. A number of FRSA members deliver this program and consider it an important component of their suite of family and relationship services. Two respondents explicitly raised FMHSS noting a big increase in demand over the survey period:

> *Our findings for this program have identified a massive increase of 40% since COVID19 and a waiting list exceeding 18 months. This program critically*

needs an injection of growth funding to meet demand for young people and their families.

Referral pathways

We asked respondents to select the dominant referral pathways (maximum of four) from a dropdown list for each service stream they delivered, prior to March 2020 in a pre-COVID environment. Only those services that received ten or more responses have been included.

We then asked respondents to reflect on any changes to referral pathways since 1 March 2020. Prior to developing the survey, anecdotally we had heard that some providers were noticing a shift in the referral pathways of people presenting to their services for support. We wanted to understand what these changes were, whether they were widespread and what they might be saying about service demand in the changed COVID environment.

However, the survey findings did not reflect the perceived shift in referral pathways. The only trends elicited were relatively minor –that is, reported by a small number of respondents and reflecting service system changes rather than shifts in prospective client needs:

- Some providers delivering the Parenting Orders Program experienced a temporary decrease in referrals from the family courts due to court closures. This was followed by a surge in referrals (a backlog as discussed above).
- Some FRS providers experienced an increase in self-referrals. This minor trend was reported across Family Relationship Centres, Children's Contact Services, Family Dispute Resolution, Family Law Counselling and Family and Relationship Services.

Other Data collection and analysis

Needs analysis

We asked survey respondents: *When was the last time your organisation undertook a needs analysis for Family and Relationships Services in your local area? Was it for a particular program (please specify)?*

We received 16 (out of 34) unique organisation responses to this question. Of these responses, 5 indicated they were unsure/did not know when their organisation last undertook a needs analysis. Of the 11 responses that discussed the needs analyses undertaken by their organisation, some pointed to a specific program (and not necessarily a program funded under the FaC Activity) – in some cases, driven by a new funding opportunity. Other responses indicated that needs analyses are conducted routinely – for example as part of annual business planning or preparing Activity Work Plans for DSS.

Recording service contacts

We asked survey respondents: *Do you collect data on all contacts to your organisation for Family and Relationship Services? (i.e. whether or not you are able to provide that person with the service they are seeking)*

We received 24 (out of 34) unique organisation responses to this question. Of those, 79% reported that they do collect data on all contacts to the organisation, and 21% reported they do not collect this data.

Other emerging issues – the workforce

Worker stress and workforce stress emerged as a minor theme in qualitative responses with 29 comments reporting the following issues:

- Worker stress:
    - Workers taking on higher workloads to meet increased demand
    - Some workers experiencing difficulties working from home (e.g. blurring of work/home boundaries)
- Workforce stress:
    - Staff retention - workers (particularly casual workers) choosing to return to their home-towns for lockdown
    - Staff recruitment – difficulty recruiting new staff due to restricted travel.

CONCLUSION

In summary, the first six months of the COVID pandemic impacted service demand levels across the sector in different ways. Fifty-nine and a half percent of respondents reported a change in demand (33% increase, 3.5% decrease and 23% fluctuations in demand), while 40.5% reported that demand had remained steady.

When asked to look six to twelve months ahead, 53% of respondents expected demand to increase and while in a few cases this was due to a lockdown backlog, in the majority of cases respondents pointed to impending financial pressures (Coronavirus supplement and JobKeeper ending) and related impacts on mental health and relationships.

Nearly all respondents reported a changed approach to service delivery over the March-October 2020 period. In the main, the changed approach was in response to lockdown and social distancing restrictions and involved moving services online and/or using telephone delivery. However, some changes were made to meet increases in demand – for example, offering shortened sessions in order to accept more clients.

The complex service demand picture presented by respondents revealed the multiple factors at play in influencing service demand patterns:

- Contextual factors such as other policy settings that influence a person or community's need for services/support (for example, pandemic household economic stimulus measures and their withdrawal)
- Supply-side factors – for example, as noted earlier, service demand temporarily decreased for some providers because people assumed the services were closed during lockdown. Providers increased their service promotion to let the community know they were still open and delivering services. For others, service demand increased because other local providers temporarily suspended service delivery thereby reducing the supply pool.
- Demand-side factors – for example, service demand increased as COVID conditions lead to elevated stress levels in some individuals and families.

The service demand picture presented by respondents also highlights the strong interplay between family and relationship vulnerabilities and other social and health issues or risks such as family and domestic violence, mental health concerns and financial issues. In many instances, respondents attributed an increase or expected increase in service demand to these other factors.

Close to 80% of survey respondents reported that their organisation records data on all service contacts (and not just those who receive a service). If this closely reflects the broader FRSA membership approach to data collection, we see potential for improved sector-wide data gathering on service contacts to better understand shifts in service demand over time.

APPENDIX 1: FRSA Service Demand Advisory Committee

Karen Barker	Anglicare WA
Jacinta Cook	Centacare Ballarat
Gillian Donkers	Centacare FNQ
Petrina Greenwood	BaptistCare, NSW
Sue Hellier	Family Support Newcastle
Janine Lawler	Upper Murray Family Care
Patricia Occelli	Interrelate
Fallon Roberts	Centacare NENW
Nick Tebbey	Relationships Australia
Sue Thompson	EACH
Joanne Trentin	UnitingCare Qld

APPENDIX 2 – Families and Children Programs & Services

The Families and Children (FaC) Activity is delivered under the Families and Communities Program and provides support to families to improve the wellbeing of children and young people to enhance family and community functioning, as well as increasing the participation of vulnerable people in community life. Below are five sub-activities run by the FRSA network:

1. Family Law Services

Family Law Services aim to provide alternatives to formal legal processes for families who are separated, separating or in dispute, to improve their relationships and make arrangements in the best interests of their children. Family Law Services has a particular role to help families with complex needs, including those with family violence issues.

Family Law Services include:

- **Family Relationship Centres (FRC)**
  FRCs are a highly visible entry point or gateway to the whole family support service system. FRCs play an important role in improving family relationships by providing information, support and referral services to all families, as well as family dispute resolution and access to some legal assistance for separating or separated families.
- **Parenting Orders Program - Post Separation Co-operative Parenting Services**
  This service help separated or divorced families who are in high conflict to work out parenting arrangements in a way that encourages consideration of what is in a child's best interests in establishing or maintaining relationships, while at the same time ensuring the safety of all parties. It helps parents manage their conflict, understand the effect their conflict is having on their children and to develop strategies to deal more constructively with each other and develop and manage parenting arrangements.
- **Supporting Children after Separation Program**
  This program aims to support the wellbeing of children under the age of 18 from separated or separating families who are experiencing issues with difficult family relationships.

  The services help children and young people deal with issues arising from the breakdown of their parents' relationship and the circumstances in which they find themselves and provide opportunities for them to participate in decisions that impact on them.
- **Children's Contact Services**
  Children's Contact Services enable children of separated parents to have safe contact with the parent who they do not live with in circumstances where parents are unable to manage their own contact arrangements.

  Children's Contact Services provide a safe, neutral venue for the transfer of children between separated parents. Where there is a perceived or actual risk to the child, they provide supervised contact between a child and their parent or other family member. Parents may be ordered by a court to attend Children's

Contact Services to facilitate changeover or have supervised visits with their children.

- **Family Dispute Resolution (FDR)**
  FDR services assist families to reach agreement and to resolve their disputes related to family law issues about child and property related matters, outside of the court system.
- **Family Law Counselling**
  Family Law Counselling services help people with relationship difficulties better manage their personal or interpersonal issues to do with children and family during marriage, separation and divorce.

2. Family and Relationship Services (FaRS)

Family and Relationship Services aim to strengthen family relationships, prevent breakdown and ensure the wellbeing and safety of children through broad-based counselling and education. These early intervention and prevention services aim to support families when going through critical family transition points including formation, extension, and separation.

Services include information and referral, support, education and skills training, counselling, dispute resolution, outreach, community capacity building and development.

Family and Relationship Services include:

- **Specialised Family Violence Services (SFVS)**
  SFVS deliver specialised services that support individuals, couples, children and families who are experiencing or at risk of family or domestic violence.

  Services might include, individual or couple counselling and dispute resolution services; education for people with violent or abusive behaviour; support for people affected by family violence; and support for children who experience or witness family violence.

3. Communities for Children Facilitating Partner

Communities for Children Facilitating Partners (CfC FPs) supports children and families in 52 disadvantaged communities across Australia. CfC FPs take an early intervention approach that supports families to improve the way they relate to each other; improve parenting skills; and to ensure the health and wellbeing of children.

CfC FPs build on local strengths to meet the needs of individual communities, and to create capability within local service systems, using strong evidence of what works in early intervention and prevention. They collaborate with other organisations to provide a holistic service system for children and families.

4. Children and Parenting

Children and Parenting funds early intervention and prevention services and resources to improve children's development and wellbeing, and support parents and carers in

raising children. Services focus on children aged 0–12 years, but may include children up to 18 years.

Services aim to be accessible to everyone through strategies such as cultural awareness and diversity, and flexible opening hours and service locations. They work closely with clients to find solutions that suit their individual needs.

Children and Parenting comprises of:

- **Intensive Family Support Services (IFSS)**
  IFSS are evidence-informed and outcomes-based and focus on reducing child neglect and increasing the capacity of families to support their children to be safe, nurtured and thriving.

  These services provide the most vulnerable families in identified communities in the Northern Territory and South Australia with practical parenting education and support for up to 12 months, to help them improve the health, safety and wellbeing of their children.
- **Children and Parenting Support**
  Children and Parenting Support services provide early intervention and prevention support to children and their families. Services seek to identify issues such as risk of neglect or abuse, within families, and provide interventions or appropriate referral(s) before these issues escalate.

  Early intervention and prevention strategies aim to influence children's and families' behaviours to reduce the risks of an emerging issue. A key component of early intervention and prevention is to increase protective factors to enable children and families to be resilient when issues arise.

- **Home Interaction Program for Parents and Youngsters (HIPPY)**
  HIPPY is a two-year home-based parenting and early childhood program, targeted to families with 4 to 5-year-old children, that helps parents and carers to be their child's first teacher and give them a better start at school.

  HIPPY builds the skills of parents and carers to help prepare their child for school. The program also offers some parents and carers a path to work and local community leadership.

- **Budget Based Funded Services**
  The Budget Based Funded program provides Australian families with access to quality support services that focus on child care and school readiness.

5. Adult Specialist Support

Provides specialist services and support to improve outcomes and enhance wellbeing for people adversely affected by past institutional and child-welfare practices and policies.

- **Find and Connect Support Services**

The Find and Connect Support Services provide specialist trauma informed counselling; referral services; peer, education and social support programs; assistance to locate and access records and reconnect with family members (where possible) for Forgotten Australians and Former Child Migrants.

- **Forced Adoption Support Services**
  Forced Adoption Support Services work to improve access to counselling for people affected by forced adoption. Counselling may be offered where services have the expertise and capacity.

6. Reconnect

The Reconnect Program is a community based early intervention and prevention program for young people aged 12 to 18 years (or 12 to 21 years in the case of newly arrived youth) who are homeless or at risk of homelessness, and their families.

The aim of Reconnect is to prevent homelessness by intervening early with families and young people to stabilise and improve their housing situation and improve their level of engagement with family, education, training, employment and their local community.

Source: DSS website – Families and Children Activity

Appendix 3: Survey Extract

We value your input

The COVID-19 pandemic (and the preceding bushfires and floods) has placed increased financial and other pressures on Australian families. We anticipate that as the social and economic impacts of the pandemic unfold, demand for family and relationship services will increase. In some cases this is already happening.

Government is seeking information on the impacts of COVID-19 on service demand in the FRS sector. FRSA has been advised that DSS' review of services under the Families and Children Activity will include consideration of COVID-19 impacts. We expect that in the longer term, as Government moves progressively towards an outcomes-framework, understanding and demonstrating service need/demand will be ever-critical as service providers seek to show positive outcomes for children, families and communities.

Yet we know that measuring service demand is complex. At a Members' meeting on 25 June, participants identified a number of challenges to tracking and/or demonstrating service demand. It was agreed that FRSA would establish an Advisory Committee comprised of FRSA members to explore how to better identify, manage and capture service demand/need data.

This survey, developed with input from the Advisory Committee, will begin to build our sector's service demand story.

Because there is not a simple measure of service demand, this survey has been designed to allow you to provide as much contextual information as you are able to.

Please note: Your individual survey response will remain confidential, with results presented in an aggregate and/or de-identified way.
Please note: You can exit and re-enter the survey as many times as you need to until the survey closes on 23 October. The survey will automatically save your responses after you have completed a page and hit the 'Next' button (but not part way through a page of questions). To re-enter the survey click on the survey link. You will need to re-enter the survey from the same device.

THE SURVEY WILL CLOSE AT 11:00pm, FRIDAY 23 OCTOBER 2020.

If you would like to share some information about the impacts of the pandemic on service demand for family and relationship services in your organisation but would prefer a phone discussion rather than filling out the survey, please contact our Manager, Policy and Research, Robyn Clough to make a time – policy@frsa.org.au or 02 6162 1811.

Part 1: About you and your organisation

* 1. Your name:

* 2. Your organisation:

* 3. Your position within the organisation

- ◯ CEO / Executive Director
- ◯ Manager
- ◯ Practitioner
- ◯ Other

If other, please specify

* 4. Your email address

* 5. In what State or Territory is your organisation based? (Please select all that apply).

- ☐ ACT
- ☐ NSW
- ☐ NT
- ☐ QLD
- ☐ SA
- ☐ TAS
- ☐ VIC
- ☐ WA

* 6. In what type of location does your organisation operate? (Please select all that apply)

- ☐ Capital city
- ☐ Regional area
- ☐ Remote area

Part 2

Part 2: Impacts on service demand since 1 March 2020

In this section you will be asked to respond to seven questions for each service your organisation provides under the Families and Children (FAC) Activity. A total of 16 services are included.

***Note:** We want to get as many responses to as many services as possible. However, if your organisation delivers a number of the 16 service streams you may choose to respond to just some of them. To skip over a service, please select the second option when you are asked if your organisation delivers it.*

***Note:** You can exit and re-enter the survey as many times as you need to until the survey closes on 23 October. To re-enter the survey click on the link. You will need to re-enter the survey from the same device.*

Family Law Services

7. Does your organisation deliver any Family Law Services? (this includes: Family Relationship Centres, Parenting Orders Program, Supporting Children After Separation Program, Children's Contact Services, Family Dispute Resolution, Regional FDR, Family Law Counselling)

- ◯ Yes
- ◯ No / I choose to skip over the questions for these services

Family Relationship Centres

* 8. Is your organisation funded to deliver Family Relationship Centres?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Family Relationship Centres continued

* 9. In what ways, if any, did you alter your approach to service delivery for the Family Relationship Centre as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 10. Since 1 March 2020, what demand pattern have you seen for Family Relationship Centres (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

11. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

12. Please describe how you have managed changes in demand.

* 13. What demand pattern do you expect to see for the Family Relationships Centre over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 14. Prior to 1 March 2020, what were the main referral pathways to the Family Relationship Centre? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

15. Since 1 March 2020, what changes, if any, have you seen in referral pathways to the Family Relationship Centre? Please describe

Parenting Orders Program

* 16. Is your organisation funded to deliver the Parenting Orders Program?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Parenting Orders Program continued

* 17. In what ways, if any, did you alter your approach to service delivery for the Parenting Orders Program as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 18. Since 1 March 2020, what demand pattern have you seen for the Parenting Orders Program? (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

19. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

20. Please describe how you have managed changes in demand for the Parenting Orders Program.

* 21. What demand pattern do you expect to see for the Parenting Orders Program over the next 6-12 months?

- I expect to see an increase in demand
- I expect to see a decrease
- Demand will remain relatively steady
- Demand will fluctuate
- It's too hard to say

Please comment on the answer you selected

* 22. Prior to 1 March 2020, what were the main referral pathways to the Parenting Orders Program? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] Court
- [ ] External service provider
- [ ] Family Court
- [ ] Family lawyer
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

23. Since 1 March 2020, what changes, if any, have you seen in referral pathways to the Parenting Orders Program? Please describe.

Supporting Children after Separation Program

* 24. Is your organisation funded to deliver Supporting Children after Separation Program?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Supporting Children after Separation Program continued

* 25. In what ways, if any, did you alter your approach to service delivery for the Supporting Children after Separation Program as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 26. Since 1 March 2020, what demand pattern have you seen for the Supporting Children after Separation Program (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

27. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

28. Please describe how you have managed changes in demand.

* 29. What demand pattern do you expect to see for the Supporting Children after Separation Program over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 30. Prior to 1 March 2020, what were the main referral pathways to the Supporting Children after Separation Program? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

31. Since 1 March 2020, what changes, if any, have you seen in referral pathways to the Supporting Children after Separation Program? Please describe

Children's Contact Services

* 32. Is your organisation funded to deliver Children's Contact Services?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Children's Contact Services continued

* 33. In what ways, if any, did you alter your approach to service delivery for the Children's Contact Service as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 34. Since 1 March 2020, what demand pattern have you seen for the Children's Contact Service (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

35. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

36. Please describe how you have managed changes in demand.

* 37. What demand pattern do you expect to see for the Children's Contact Service over the next 6-12 months?

- I expect to see an increase in demand
- I expect to see a decrease
- Demand will remain relatively steady
- Demand will fluctuate
- It's too hard to say

Please comment on the answer you selected

* 38. Prior to 1 March 2020, what were the main referral pathways to the Children's Contact Service? (please select up to four)

- Child Protection
- Child's school
- External service provider
- Family lawyer
- Family Court
- GP or other health professional
- Hospital
- Internal service/program
- Police
- Self-referral
- Other (please specify)

39. Since 1 March 2020, what changes, if any, have you seen in referral pathways to the Children's Contact Service? Please describe

Family Dispute Resolution (this includes regional FDR)

* 40. Is your organisation funded to deliver Family Dispute Resolution (this includes regional FDR)?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Family Dispute Resolution continued

* 41. In what ways, if any, did you alter your approach to service delivery for Family Dispute Resolution as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 42. Since 1 March 2020, what demand pattern have you seen for Family Dispute Resolution (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

43. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

44. Please describe how you have managed changes in demand.

* 45. What demand pattern do you expect to see for Family Dispute Resolution over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 46. Prior to 1 March 2020, what were the main referral pathways to Family Dispute Resolution? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

47. Since 1 March 2020, what changes, if any, have you seen in referral pathways to Family Dispute Resolution? Please describe

Family Law Counselling

* 48. Is your organisation funded to deliver Family Law Counselling?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Family Law Counselling continued

* 49. In what ways, if any, did you alter your approach to service delivery of Family Law Counselling as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 50. Since 1 March 2020, what demand pattern have you seen for Family Law Counselling (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

51. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

52. Please describe how you have managed changes in demand.

* 53. What demand pattern do you expect to see for Family Law Counselling over the next 6-12 months?

- I expect to see an increase in demand
- I expect to see a decrease
- Demand will remain relatively steady
- Demand will fluctuate
- It's too hard to say

Please comment on the answer you selected

* 54. Prior to 1 March 2020, what were the main referral pathways to Family Law Counselling? (please select up to four)

- Child Protection
- Child's school
- External service provider
- Family lawyer
- Family Court
- GP or other health professional
- Hospital
- Internal service/program
- Police
- Self-referral
- Other (please specify)

55. Since 1 March 2020, what changes, if any, have you seen in referral pathways to Family Law Counselling? Please describe

Children and Parenting Services

56. Does your organisation deliver any Children and Parenting Services? (this includes: Intensive Family Support Services, Children and Parenting Support, Home Interaction Program for Parents and Youngsters, and Budget Based Funded Services)

- ◯ Yes
- ◯ No / I choose to skip over the questions for these services

Intensive Family Support Services

* 57. Is your organisation funded to deliver Intensive Family Support Services?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Intensive Family Support Services continued

* 58. In what ways, if any, did you alter your approach to service delivery for Intensive Family Support Services as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 59. Since 1 March 2020, what demand pattern have you seen for Intensive Family Support Services (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

60. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

61. Please describe how you have managed changes in demand.

* 62. What demand pattern do you expect to see for Intensive Family Support Services over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 63. Prior to 1 March 2020, what were the main referral pathways to Intensive Family Support Services? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

64. Since 1 March 2020, what changes, if any, have you seen in referral pathways to Intensive Family Support Services? Please describe

Children and Parenting Support

* 65. Is your organisation funded to deliver Children and Parenting Support?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Children and Parenting Support continued

* 66. In what ways, if any, did you alter your approach to service delivery for Children and Parenting Support as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 67. Since 1 March 2020, what demand pattern have you seen for Children and Parenting Support (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

68. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

69. Please describe how you have managed changes in demand.

* 70. What demand pattern do you expect to see for Children and Parenting Support over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 71. Prior to 1 March 2020, what were the main referral pathways to Children and Parenting Support? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

72. Since 1 March 2020, what changes, if any, have you seen in referral pathways to Children and Parenting Support? Please describe

Home Interaction Program for Parents and Youngsters (HIPPY)

* 73. Is your organisation funded to deliver the Home Interaction Program for Parents and Youngsters (HIPPY)?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Home Interaction Program for Parents and Youngsters (HIPPY) continued

* 74. In what ways, if any, did you alter your approach to service delivery of HIPPY as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 75. Since 1 March 2020, what demand pattern have you seen for HIPPY (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

76. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

77. Please describe how you have managed changes in demand.

* 78. What demand pattern do you expect to see for HIPPY over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 79. Prior to 1 March 2020, what were the main referral pathways to HIPPY? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

80. Since 1 March 2020, what changes, if any, have you seen in referral pathways to HIPPY? Please describe

Budget Based Funded Services

* 81. Is your organisation funded to deliver Budget Based Funded Services?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Budget Based Funded Services continued

* 82. In what ways, if any, did you alter your approach to service delivery of Budget Based Funded Services as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 83. Since 1 March 2020, what demand pattern have you seen for Budget Based Funded Services (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

84. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

85. Please describe how you have managed changes in demand.

* 86. What demand pattern do you expect to see for Budget Based Funded Services over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 87. Prior to 1 March 2020, what were the main referral pathways to Budget Based Funded Services? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

88. Since 1 March 2020, what changes, if any, have you seen in referral pathways to Budget Based Funded Services? Please describe

Family and Relationship Services

89. Does your organisation deliver Family and Relationship Services? (This includes: Family and Relationship Services and Specialised Family Violence Services)

- ◯ Yes
- ◯ No / I choose to skip over the questions for these services

Family and Relationship Services (FaRS)

* 90. Is your organisation funded to deliver Family and Relationship Services (FaRS)?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Family and Relationship Services (FaRS) continued

* 91. In what ways, if any, did you alter your approach to service delivery for FaRS as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 92. Since 1 March 2020, what demand pattern have you seen for FaRS? (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

93. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

94. Please describe how you have managed changes in demand.

* 95. What demand pattern do you expect to see for FaRS over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 96. Prior to 1 March 2020, what were the main referral pathways to FaRS? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

97. Since 1 March 2020, what changes, if any, have you seen in referral pathways to FaRS? Please describe

Specialised Family Violence Services (SFVS)

* 98. Is your organisation funded to deliver Specialised Family Violence Services (SFVS)?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Specialised Family Violence Services (SFVS) continued

* 99. In what ways, if any, did you alter your approach to service delivery of SFVS as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 100. Since 1 March 2020, what demand pattern have you seen for SFVS (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

101. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

102. Please describe how you have managed changes in demand.

* 103. What demand pattern do you expect to see for SFVS over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 104. Prior to 1 March 2020, what were the main referral pathways to SFVS? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

105. Since 1 March 2020, what changes, if any, have you seen in referral pathways to SFVS? Please describe

Communities for Children Facilitating Partners program - Community Partner

* 106. Is your organisation funded as a Community Partner to deliver the Communities for Children Facilitating Partners Program (CfC)?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Communities for Children Facilitating Partners Program (CfC) continued

* 107. In what ways, if any, did you alter your approach to service delivery for CfC as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 108. Since 1 March 2020, what demand pattern have you seen for CfC (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

109. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

110. Please describe how you have managed changes in demand.

* 111. What demand pattern do you expect to see for CfC over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 112. Prior to 1 March 2020, what were the main referral pathways to CfC? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

113. Since 1 March 2020, what changes, if any, have you seen in referral pathways to CfC? Please describe

Adult Specialist Support Services

114. Does your organisation deliver any Adult Specialist Support Services? (this includes: Find and Connect, and Forced Adoption Support Services)

- ◯ Yes
- ◯ No / I choose to skip over the questions for these services

Find and Connect

* 115. Is your organisation funded to deliver Find and Connect?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Find and Connect continued

* 116. In what ways, if any, did you alter your approach to service delivery for Find and Connect as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 117. Since 1 March 2020, what demand pattern have you seen for Find and Connect (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

118. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

119. Please describe how you have managed changes in demand.

* 120. What demand pattern do you expect to see for Find and Connect over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 121. Prior to 1 March 2020, what were the main referral pathways to Find and Connect? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

122. Since 1 March 2020, what changes, if any, have you seen in referral pathways to Find and Connect? Please describe

Forced Adoption Support Services

* 123. Is your organisation funded to deliver Forced Adoption Support Services?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Forced Adoption Support Services continued

* 124. In what ways, if any, did you alter your approach to service delivery for Forced Adoption Support Services as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 125. Since 1 March 2020, what demand pattern have you seen for Forced Adoption Support Services? (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

126. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

127. Please describe how you have managed changes in demand.

* 128. What demand pattern do you expect to see for Forced Adoption Support Services over the next 6-12 months?

- I expect to see an increase in demand
- I expect to see a decrease
- Demand will remain relatively steady
- Demand will fluctuate
- It's too hard to say

Please comment on the answer you selected

* 129. Prior to 1 March 2020, what were the main referral pathways to Forced Adoption Support Services? (please select up to four)

- Child Protection
- Child's school
- External service provider
- Family lawyer
- Family Court
- GP or other health professional
- Hospital
- Internal service/program
- Police
- Self-referral
- Other (please specify)

130. Since 1 March 2020, what changes, if any, have you seen in referral pathways to Forced Adoption Support Services? Please describe

Reconnect Program

* 131. Is your organisation funded to deliver the Reconnect Program?

- ◯ Yes
- ◯ No / I choose to skip over the questions for this service

Reconnect Program continued

* 132. In what ways, if any, did you alter your approach to service delivery for the Reconnect Program as a result of COVID-19? (please select all that apply, noting that you may have adopted a mixed approach)

- [ ] We did not alter our approach to service delivery
- [ ] Moved from face-to-face to online service delivery
- [ ] Moved from face-to-face to telephone delivery
- [ ] Moved to a mix of face-to-face and online service delivery
- [ ] Moved to a mix of face-to-face and telephone service delivery
- [ ] Moved to outreach
- [ ] Temporarily suspended service delivery
- [ ] Other (please describe how)

* 133. Since 1 March 2020, what demand pattern have you seen for the Reconnect Program? (please select the pattern that best applies):

- ( ) An increase in demand
- ( ) A decrease in demand
- ( ) Demand has remained relatively steady
- ( ) The demand pattern has fluctuated

If you answered an increase or decrease in demand, please provide an approximate percentage by how much (an estimate is fine!)

134. Please provide as much context as you can to the answer you selected to the previous question (for example, going in and out of lockdown might lead to fluctuations in service demand or change in service delivery approach may lead to increased or decreased waitlists).

135. Please describe how you have managed changes in demand.

* 136. What demand pattern do you expect to see for the Reconnect Program over the next 6-12 months?

- ( ) I expect to see an increase in demand
- ( ) I expect to see a decrease
- ( ) Demand will remain relatively steady
- ( ) Demand will fluctuate
- ( ) It's too hard to say

Please comment on the answer you selected

* 137. Prior to 1 March 2020, what were the main referral pathways to the Reconnect Program? (please select up to four)

- [ ] Child Protection
- [ ] Child's school
- [ ] External service provider
- [ ] Family lawyer
- [ ] Family Court
- [ ] GP or other health professional
- [ ] Hospital
- [ ] Internal service/program
- [ ] Police
- [ ] Self-referral
- [ ] Other (please specify)

138. Since 1 March 2020, what changes, if any, have you seen in referral pathways to the Reconnect Program? Please describe

Your organisation's data collection

139. When was the last time your organisation undertook a needs analysis for Family and Relationship Services in your local area? Was it for a particular program (please specify)?

* 140. Do you collect data on all contacts to your organisation for Family and Relationship Services? (i.e. whether or not you are able to provide that person with the service they are seeking)

- ○ No
- ○ Yes

If yes, please give a brief summary of the data you collect if you are able

Other observations

141. Are there any other observations you would like to make about service demand trends and/or community need over 2020?

Please note: you will be able to edit your responses after you've selected 'DONE' until the survey closes on 23 October. To re-enter the survey, click on the survey link. You must do this from the same device.

Thank you for participating