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Service Demand: 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 this Issues Paper
- Dominic Stenson, who's research assistance and intellectual insights informed this paper during his student social work placement with FRSA from the Australian Catholic University.

[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.

INTRODUCTION

This paper outlines the challenges to, and considerations for, identifying, managing and tracking service need/demand in the family and relationship services sector.

BACKGROUND

FRSA members met on 25 June 2020 to discuss how a robust picture of 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.

In late March 2020, the country transitioned into a full lockdown with schools closing, Australians encouraged to work from home and non-essential businesses ordered to close. In the days and weeks that followed, Australia's employment market was impacted in a variety of ways – for example, workers had their hours reduced or ceased altogether, workers were required to take leave, workers were required to work the same hours for less money, and workers were made redundant. In some cases, workers were required or asked to work longer hours.[2]

Australia's unemployment rate climbed steeply[3] and while the Government rapidly introduced economic stimulus measures for individuals and businesses – most notably, JobSeeker and JobKeeper – temporary visa holders were left without support. For those on income support payments prior to the pandemic, the JobSeeker coronavirus supplement meant a long-needed and substantial boost in income. At the same time, and despite the temporary increase to income support payments, many who had lost their jobs as a result of the pandemic, found themselves struggling financially, unable to meet mortgage and rental payments and keep up with other ongoing expenses.

Emergency relief services began reporting large increases in the number of individuals and families seeking support. Call numbers to crisis lines supporting the emotional and mental wellbeing of Australians grew sharply.

Anecdotally, FRSA members reported increases in demand for some family and relationship services, and anticipated increases in demand for others – particularly as the longer-term effects of isolation, unemployment and financial uncertainty played out. Members were particularly concerned about families and communities that had already been thrown into crisis by the preceding bushfires and floods.

A scan of emerging literature detailing experiences in countries 'ahead' of Australia in the pandemic at the time, indicated that service demand would increase as the social and economic impacts of the pandemic unfolded.

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[2] See for example research from Roy Morgan into the impact of COVID-19 on Australia's employment market – *70% of working Australians' employment impacted by COVID-19 – second lockdown hits Victoria hard,* 2 November 2020

[3] ABS labour force figures reported in mid-May showed that approximately 2.7 million people either left employment or had their hours reduced between March and April.

In China, where the virus first emerged, domestic violence cases were reported to have surged during the lockdown period. This was a pattern that soon followed in Australia.

On 18 March 2020, researchers at Monash University wrote:

> Financial stress arising from a change in employment and income has been recognised as a precursor to family violence, femicide and filicide. This is particularly critical in the rapidly changing context of the coronavirus pandemic, which will see many families affected by a reduction or loss of income. While this will affect households across the board, low-income families and those with insecure employment arrangements will be disproportionately affected by financial stress.[4]

Four months later, the Australian Institute of Criminology released a statistical bulletin on the prevalence of domestic violence among women during the COVID-19 pandemic. The bulletin presents the findings from an online survey of 15,000 Australian women about their experience of domestic violence during the initial stages of the COVID-19 pandemic. Reflecting observations made by FRSA members then and over recent months, the survey found that for many women, the pandemic coincided with the onset or escalation of violence and abuse. Many women reported that safety concerns were a barrier to help-seeking – particularly for those experiencing more serious or complex forms of domestic violence.[5]

Literature reflecting on the link between financial disadvantage and family relationship challenges foreshadowed an increase in the need for family and relationship services as adverse financial impacts of the pandemic began to play out.[6]

What became clear through the 25 June 2020 member discussion, however, was that there was no simple way to pull together data on service demand trends from across the sector to inform the Government's response to the pandemic crisis. Members outlined a number of challenges to collecting data in a consistent way across programs and across providers.

This presents a challenge for our sector that is much bigger than the impacts of the pandemic on demand for family and relationship services. It impacts forward

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[4] Fitz-Gibbon, Kate and Meyer, Silke (18 March 2020), *Coronavirus: Fear of family violence spike as COVID-19 impact hits households*, Lens, Monash University.

[5] Boxall, H., Morgan, A., & Brown, R. (July 2020), *The prevalence of domestic violence among women during the COVID-19 pandemic*, Statistical Bulletin 28, Australian Institute of Criminology.

[6] A systematic review of empirical literature examining families' responses to economic distress within the context of macroeconomic crises found that family dynamics experience negative changes in the face of adverse economic circumstances. Locally, an Australian Institute of Family Studies report that looked at the impacts of recessions on families following the 2008 global financial crisis found that involuntary unemployment normally has negative economic, social, physical health and psychological impacts. In turn, these negative impacts can flow to other family members, including children. A study on the experiences of Australian families during lockdown in April 2020 noted, perhaps unsurprisingly, that the "Socioeconomic deprivation appeared to play a major role in determining the impact of the pandemic and a key source of the reported unequal burden among families."

planning – particularly by Government, and our ability to demonstrably show where more funding is needed to meet community need.

The Government announced a doubling in funding for Children's Contact Services in the 2021-22 Budget. This was welcome news. However, for other family and relationship services, baseline funding has remained the same over multiple years.

An analysis of family law services, undertaken by KPMG on behalf of the Attorney-General's Department, in 2016, found that based on population growth, and if the funding envelope were to remain the same,[7] there would be a funding shortfall for family law services of $21.2 million by 2023-24.[8]

Economic research commissioned by FRSA on behalf of members in 2020 identified that while funding has remained relatively static, the costs of delivering services increased over the eight-year period (2011-12 to 2018-19) under analysis. Efficiency investments by FRSA members have ensured that the sector has been able to maintain client numbers in the face of funding pressures and significant cost pressures. The report concluded that the family and relationship services sector was at, or close to, the efficiency frontier.[9] That is, there is limited or no scope to achieve further efficiencies.

As Australia continues to change and grow – to deal with the effects of the pandemic and other health, social, environmental and economic challenges that may arise, and to experience demographic changes and population growth – how can our sector demonstrate service demand and service need?

[7] The projection assumes no changes to improve efficiency in service delivery and no change in the profile of demand except for population growth.

[8] KPMG (22 January 2016), Attorney-General's Department – Future Focus of the Family Law Services: Final Report, p. 31

[9] CIE (20 March 2020), *Final Report: Expiry of the Social and Community Services Pay Equity Special Account – Implications for family and relationship services*.

SOCIAL NEED AND SERVICE DEMAND

Social need

What is (social) need and how is it different to service demand?

Need refers to the requirements of the population or sub-populations and it may exist independently to service supply. For example, there can be a need for a service that does not yet exist. Demand is a subset of need. Service demand implies that a service exists and is sought after. Demand goes hand in hand with service supply.

Social need is itself a complex concept. In 1972 social policy scholar, Jonathan Bradshaw, developed a taxonomy of social need, which remains influential today in conceptualising need and approaches to social needs assessments for service planning and development. Bradshaw identified four types of need:

- normative
- felt
- expressed
- comparative.

Normative need is determined by 'experts' against agreed or accepted standards: "Normative need is that which the expert or professional administrator or social scientists defines as need in any given situation". Felt need is what people think they need – it is "equated with want". Demand is a form of expressed need: "[it] is felt need turned into action". Comparative need is determined by identifying the particular characteristics of people or populations who are receiving a service and matching those characteristics against people/populations who are not receiving a service. It is a way of trying to capture unmet need or gaps in service delivery. [10] The table produced by the Australian Institute of Family Studies below provides examples of these four types of needs within the context of social services.

[10] Bradshaw, J. (1972), *A Taxonomy of Social Need*, In: McLachlan, Gordon, (ed.) Problems and progress in medical care: essays on current research, 7th series. Oxford University Press, London, 71-82., pp. 72-74.

Table 1: Conceptualisations of need

Need	Definition	Example	Strengths and limitations
Normative need	Normative need is measurable against accepted standards, research or expert opinion (Bradshaw, 1972).	There is an accepted range for the healthy birthweight of babies. If there is a large number of babies in a community born outside of this range, this is an area of need for a community.	A normative definition of need isn't absolute, and needs can change over time as a result of gaining new knowledge or shifting social expectations (Bradshaw, 1972).
Felt need	Felt need is what people feel that they need and is often equated with want.	Community members identify a need for more peer support with parenting.	Felt need is particularly important in community development initiatives or in projects with a high degree of community engagement. Felt need is subjective, and is limited by the perceptions of the individual; people may not wish to be seen as 'needy' or lacking, or they may have limited knowledge of what is available and attainable (Bradshaw, 1972).
Expressed need	Expressed needs are those that people have acted on. Bradshaw (1972) refers to expressed need as 'need turned into action' (p.3).	There is a long waiting list for financial counselling and many clients are asking for advice with debt.	Expressed need generally paints a limited picture of need because not everyone will act on their needs.
Comparative need	Comparative need examines the data on a population and compares them with data about service availability and service access to determine need (Bradshaw, 1972).	Data on the numbers of people with a disability are compared with data on the number of disability services. Data between different regions may also be compared. This strategy is often combined with risk profiling; e.g. the characteristics of families deemed at risk of child abuse and neglect may be defined, and then data collected on the numbers of families who meet these characteristics who are not being reached by services.	The presence of services, even where they are being accessed, does not mean that needs are being met.

Table Source: Smart, Jessica (2019), *Needs assessment: Families and Children Expert Panel practice resource*, Australian Institute of Family Studies p. 4.

What Bradshaw's taxonomy makes clear is that 'social need' is not static or uncontested. Social needs are 'value-driven' and to an extent subjective – and they may change over time. What are considered legitimate social needs depends on who gets to identify and assess need and how. As Jessica Smart writes, "Underlying definitions and conceptualisations of need are questions about power, voice and visibility".[11] For example, where once family relationships were seen largely as existing in the private domain and therefore not subject to state intervention, over time sociocultural attitudes and norms have changed and family life and relationships are seen to be – to lesser and greater degrees – the responsibility of everyone. This is demonstrated starkly in our changing response as a society to family and domestic

[11] Smart, J. (2019), *Needs Assessment: Families and Children Expert Panel practice resource*, Australian Institute of Family Studies, p. 5.

violence, which is increasingly being considered as a major health and social problem.[12]

A further example is the need for tailored or specialised social services for particular cohorts, where mainstream services may not be appropriate. It may take years of advocacy and a change in socio-cultural attitudes for specific needs to be recognised and services designed accordingly.

Demand

Demand is *known* need, or 'expressed need' in Bradshaw's taxonomy. Demand refers to the numbers of people with a particular need or set of needs who have reached out to a service for support. If those who demand a service are provided with a service, this is referred to as 'met demand'. If they are unable to be provided with a service, this is called 'unmet' demand.

Unmet demand is generally a result of supply-side barriers.

Supply-side barriers to service access

There are a number of supply-side barriers to service access:

- Insufficient funding – services may need to place a cap on the number of people they can deliver services to in line with the funding they receive. We know that some FRSA members close waitlists for particular services when it is clear that a service is not able to be provided in a reasonable time-frame. Our survey looking at service demand during the first six months of the pandemic found that some services had to close their waiting lists for the first time as demand increased over this period.[13]

- Cost – the cost of a service may make it out of reach for some people. The cost of accessing Government-funded family and relationship services is generally based on a sliding scale and people are not precluded from receiving a service based on their capacity to pay. However, some services (for example, Children's Contact Services) are two-tiered with government-subsidised and full fee-paying services available. There is, of course, a limit on the number of subsidised places available commensurate with government funding. Those able to pay full fees may be able to access a service sooner than those who must rely on a government-subsidised service.

- Workforce capacity – providers may experience difficulty in recruiting appropriately qualified staff, especially in regional areas. During lockdown, when travel was restricted, recruitment was particularly difficult for FRSA members who often rely on out of area applicants. Affordable housing availability issues in rural

[12] For example, up until the 1980s in Australia, a man could not be charged and prosecuted for raping his wife because women were seen as men's property through marriage. While legally, sexual assault in marriage is now recognised, some gendered attitudes and values endure and continue to underpin domestic, family and sexual violence. See ALRC (2010), Family Violence – A National Legal Response (ALRC Report 114), p. 1111.

[13] FRSA (2021), Survey: Impacts of the COVID-19 Pandemic on Service Demand for Family and Relationship Services, p.11.



and regional also contribute to the difficulty in recruiting people from out of area. This was the case for areas affected by the 2019-20 Bushfires and following that, the surge in house prices in many regional areas experienced after the pandemic took hold.

- Geographical limitations:
  - There may be limited services located in rural aeras
  - The cost of providing outreach may not be financially viable for service providers
  - There may be limits to conducting group work in areas with small/sparse populations.

- Mismatch of supply and demand:
  - A scarcity of services in areas with high service demand or multiple services in areas with lower demand. We note that in metropolitan areas there is more likely to be a greater choice of available services.
  - Services are not culturally appropriate or do not meet the needs of particular cohorts of people.

- Service promotion – services are not adequately advertised, for example marketing material is produced only in English or a very limited number of languages. Note: service providers at, or close to, capacity may elect not to actively promote their services. During the first six months or so of the pandemic (March – October 2020), service demand temporarily decreased for some providers. This was 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.[14]

- Inefficiencies in service delivery – for example, unwieldy and/or manual administrative processes. As noted earlier, recent research found that the FRS sector has made significant efficiency investments over the past eight years to reduce non-essential costs. Examples of these investments include sharing building occupancy costs, providing staff supervision by video rather than face-to-face, and investing in new technology systems to reduce back-office expenses.[15]

These supply-side barriers may have interdependencies. For example, increased funding may lead to increased supply – but only if there is an appropriately qualified workforce to deliver services.

Demand-side barriers to service access

Unmet need is often – although not always - a result of demand-side barriers, particularly when needs are not expressed (i.e. demand is unknown).

[14] FRSA (2021), Survey: Impacts of the COVID-19 Pandemic on Service Demand for Family and Relationship Services.

[15] CIE (20 March 2020), *Final Report: Expiry of the Social and Community Services Pay Equity Special Account – Implications for family and relationship services*, chapter 3, pp 24-32.

Within the context of family and relationships services the following may be barriers to demand:

- Cultural barriers that influence help-seeking behaviours, for example:
    - it may not be considered appropriate to seek support for private/family matters
    - mistrust – trauma, including intergenerational trauma, may have produced mistrust in government-funded and/or mainstream services (this is particularly an issue for Aboriginal and Torres Strait Islander Australians and for many refugee communities).

- Lack of knowledge (unrecognized need) – for example, someone does not realise that the behaviours their partner is exhibiting towards them are forms of domestic or family violence (for example, financial abuse and other coercively controlling behaviours), and therefore, they do not realise they have a legitimate 'need' for support.

- Lack of information – people recognize they have a need for support but they do not have the personal resources or emotional reserves to find information on available services.

- Lack of access to technology / low technological literacy – a barrier to accessing online services. During the first six months of COVID, 95% of respondents to FRSA's survey on service demand indicated that they had moved one or more of their services online in response to lockdown restrictions. This worked well for many clients – but not for all.[16]

Supply-side and demand-side barriers often work hand in hand. For example, a poorly promoted service will be particularly difficult for someone with limited information-gathering skills to access.

TRACKING SERVICE DEMAND FOR FAMILY AND RELATIONSHIP SERVICES: CURRENT STATE OF PLAY

Internal processes

FRSA members have reported managing service demand in different ways.[17] Some service providers have waitlists for services. Some close their waitlists at a particular point – for example, if the potential client will be on the waitlist for an extended period of time (but the period of time may vary from provider to provider). Some providers have a single waitlist for multiple services. Some members have active waitlists, which means they provide support to people on their waitlists until a spot becomes available – for example, calling the person regularly to ensure they are managing ok and

[16] FRSA (2021), Survey: Impacts of the COVID-19 Pandemic on Service Demand for Family and Relationship Services.
[17] FRSA Member Discussion, 25 June 2020

potentially taking action if the person's circumstances have changed. Other members will encourage people on the waitlist to call the provider if their circumstances change (for example, experiencing heightened distress or safety concerns), but otherwise the waitlist will remain inactive until a service slot becomes available.

At the first point of contact, FRS providers undertake:

- Intake screening – that is, they assess the service request to identify the type and intensity of interventions required.

- Assessment – that is, they assess a range of risks and protective factors to inform service allocation.

The way in which intake screening and assessment is undertaken, and the tools used, however, varies greatly across FRSA members.[18]

Many FRSA members collect basic data on every contact to the organisation – that is, data not just on clients and prospective clients on waitlists, but also people who decide not to go on a waitlist, and people who are referred to another service provider because they do not fit the criteria of the services on offer or because there are simply not the resources available to provide them with support in a timely manner. Other members, however, collect data only on clients receiving services and people on waitlists.[19]

These differences reflect, to an extent, KPMG's findings when it was commissioned by the Attorney-General's Department to look at service demand for Family Law Services. KPMG noted that examining the service demand profile using 2014-15 data was limited by different data collection methodologies across service providers.[20]

To determine projected demand for Family Law Services, KPMG used 2014-15 registered client data provided by AGD and DSS and compared the data with Census and ABS population estimates. However, KPMG observed that for greater accuracy and completeness, "there is a need to standardise data collection methodology and to increase the proportion of registered clients".[21]

The 2020 economic analysis of the family and relationship services sector, undertaken by The Centre for International Economics for FRSA, struggled to establish a picture of changes in service demand over time. At an organisational level this was due, in part,

[18] FRSA (November 2019), *An audit of intake screening and assessment tools used in the family and relationship services sector: Summary report*.

[19] FRSA Service Demand Survey 2020 asked "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 26 responses to this question. Of those, 73% said they collected data on all contacts, 19% said they did not collect data on all contacts and 8% said they were not sure.

[20] KPMG (22 January 2016), Attorney-General's Department – Future Focus of the Family Law Services: Final Report, p. 48.

[21] KPMG (22 January 2016), Attorney-General's Department – Future Focus of the Family Law Services: Final Report, p. 49.

to organisational amalgamations and other structural changes, which meant that comparative data over time could not be provided. Changes in CRM databases and data collection approaches also meant service demand was captured in different ways over time. At a sector level, different approaches across organisations to the use of waitlists and different approaches to data capture meant a consistent 'point in time' as well as 'over time' sector-wide picture of service demand was difficult to capture (CIE, 2020, p. x).

External reporting

FRSA members delivering family and relationship services are required, under their funding agreements, to report de-identified client-level data to the Commonwealth Department of Social Services. The Department of Social Services manages this data through Data Exchange (DEX)– its IT system for collecting and using administrative data. The DEX framework is the program performance reporting approach for client facing funding agreements. Within DEX a client is defined as "An individual who receives a service as part of a funded activity that is expected to lead to a measurable outcome".[22]

As a program performance reporting framework, the data collected in DEX, reflects met demand – that is, it collects deidentified demographic and outcomes information on clients receiving services under one of the Government's funded programs. Data collected through the DEX Partnership Approach – the DEX extended dataset, which will soon be mandatory for all family and relationship services - will be able to tell a partial story about need and the pathways to client support. The extended dataset collects data on the main reasons clients seek assistance and referral sources as well as demographic data such as employment, education and income details.[23]

Building up a picture of presenting client need may certainly be useful to "inform service planning".[24] Although, as discussed later, a more accurate and nuanced picture would be enabled by the collection of complementary qualitative and more localised data. Further, as DEX captures data only on people that receive a service, this means that data on unmet demand – that is, people who seek support but are unable to be provided a service – is not collected. These people are not classified as clients. DEX, therefore, cannot capture shifts in service demand, to track, if more or less people are reaching out for support and the reasons underpinning these shifts. Nor does it delve into broader 'unexpressed' need.

The other critical piece of information that is not currently captured by DEX is the time and support FRSA members provide to people whom they cannot accommodate in a particular service, or the time and support provided to a person prior to receiving their first service session. This support may include triaging (through risk assessment), warm referrals to another service provider and active checking in on people on

[22] DSS (January 2021), *Data Exchange Protocols*, version 7, p. 5.
[23] DSS (January 2021), *Data Exchange Protocols*, version 7, pp 22-26.
[24] DSS (January 2021), *Data Exchange Protocols*, version 7, p. 22.

waitlists to make sure they are ok until a spot becomes available.[25] FRSA members view this work as a vital part of their service ethos.

MANAGING AND MEASURING SERVICE DEMAND

Literature looking at supply and demand within the context of public and social services is predominantly focused on the health care system. The Victorian Primary Health Branch notes that: "The use of a consistent process to measure demand can provide useful and powerful information. It requires a system that accurately records waiting time and client throughput".[26] To get consistency in measurement, Victorian Community Health Services are required to adopt consistent practices – for example, maintaining open waiting lists and not restricting services on the basis of where people live.[27] By managing demand in a consistent way, a more accurate picture or measurement of service demand is possible.

In a centrally controlled government service system, ensuring administrative and policy consistency is achievable. However, in a sector such as the family and relationships services sector that is comprised of independently governed organisations, which have evolved in response to local contexts and communities, achieving consistency is far more difficult and not necessarily practical (or even desirable). As noted earlier, FRS providers use different intake and assessment processes,[28] different approaches to the use of waiting lists and other demand management measures, and they use different client relationship management (CRM) systems and data collection methodologies. Many providers deliver a range of other services and their CRMs and other administrative systems may support all services. Therefore, investing in any significant changes to align with other FRS providers may be costly and impractical.

The funnel-spout analogy

Even when the use of waiting lists is relatively consistent across providers, their accuracy as an indicator of demand is not straightforward. Researchers, Rotstein and Alter, explain this using the analogy of the funnel and spout. While Rotstein and Alter examined waiting lists within the context of the health system, their analogy equally applies in social services.

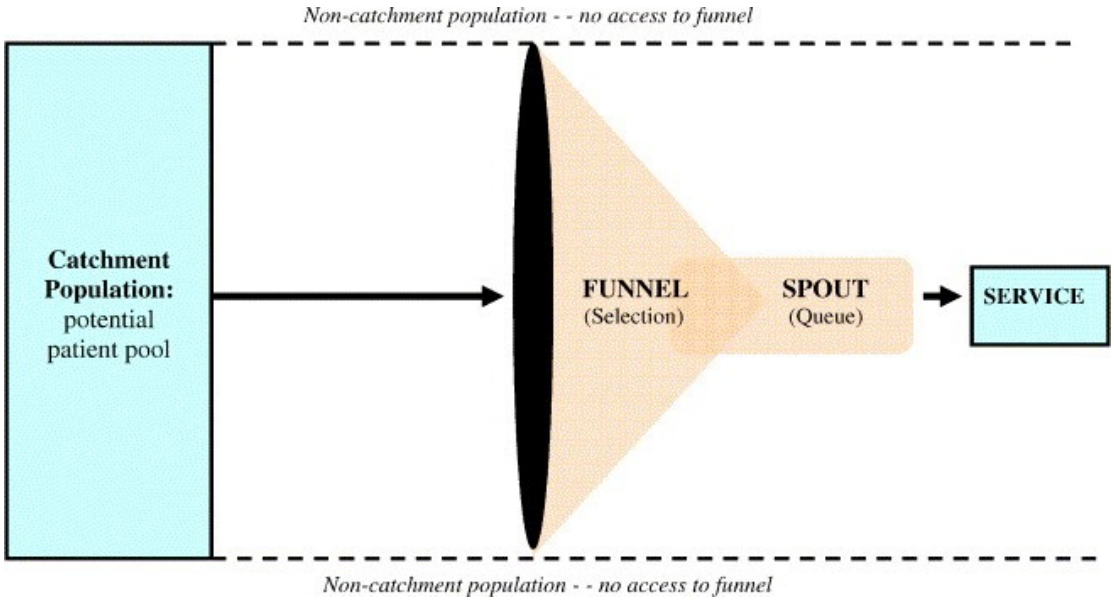
[25] Reported by FRSA members, Member meeting 25 June 2020.

[26] Victorian Primary Health Branch (February 2008), *Towards a demand management framework for community health services*, p. 6.

[27] Victorian Primary Health Branch (February 2008), *Towards a demand management framework for community health services*, p. 6.

[28] For a full discussion on the range and use of intake and screening assessment tools see FRSA (November 2019), An audit of intake screening and assessment tools used in the family and relationship services sector: Summary Report.

Figure 1: Funnel-spout analogy



Source: Rotstein D. & Alter D. (2006), *Where does the waiting list begin? A short review of the dynamics and organization of modern waiting lists*, Social Science & Medicine 62, p.3158

In Figure 1. above, the catchment population is the population serviced by the locally based health system (or, from our sector's perspective, by locally based FRS providers). It is the full potential client pool. Of the potential client pool a number of psychosocial and potentially economic factors will determine who presents themselves at the mouth of the funnel for treatment, where intake and assessment occur. The funnel determines who makes it onto the waitlist or queue for the service. Within the health system there may be a series of selection processes – diagnostic tests for example, at this stage in the process. Then, after the selection process, at the end of the funnel, the client, if deemed suitable for treatment, is referred for treatment or, if demand exceeds supply, to the spout or waitlist/queue (potentially triaged for priority in the queue).

Wait lists or the 'queue' may seem – on the surface – a "visible manifestation" of how service demand is being managed and of trends (increases, decreases) in demand. A long waitlist may show the extent to which demand has outstripped supply. A short waitlist might suggest that supply is close to matching demand. In actuality, the picture is a lot more complex. The wait list or queue is an "arbitrary snapshot". The queue can be increased by removing barriers to demand or further limiting supply (for example, because of a funding cut). The waitlist or queue can be reduced by introducing more barriers to demand or by increasing supply.[29]

In the family and relationship services sector, as discussed earlier, a range of factors may impact on a person's help-seeking behaviours. Cultural norms, knowledge about supports available, psychological readiness, personal resources and so on will impact

[29] Rotstein, D., & Alter, A. (2006), *Where does the waiting list begin? A short review of the dynamics and organization of modern waiting lists*, Social Science & Medicine 62, p. 3157.

if and when someone in the population pool reaches out for support at the mouth of the funnel.

An increase in the queue could be responded to in a number of ways. Funding could be increased to match increased supply. A service could be modified to accommodate more clients – for example, shortening the length of client sessions to fit more clients in. A few members reported employing this approach in response to increased demand during the pandemic.[30] Client management practices could be enhanced – for example, to minimise 'failure to attend appointment' instances it is now standard practice to send appointment reminders the day before an appointment or identify clients who may be able to attend an appointment at short notice to respond to late cancellations.

Changes could also be made at the funnel - for example, tightening diagnostic or other service criteria to reduce the pool of clients making it through the funnel into the spout or queue. FRS providers sometimes worry that when Government talks about strengthening targeting of services to families experiencing vulnerability and/or with complex needs, this may lead to a tightening of service criteria, in turn undercutting the principle of universal access. As noted earlier, increasing or decreasing marketing of a service will also impact numbers of people presenting to the 'funnel mouth' for support. If providers are over capacity, they may limit marketing of their service, and/or referrals between service providers may cease.

The funnel-spout analogy shows the interplay between demand side and supply side reform but also, importantly, the limits of the waiting list as a measure of service demand.

Identifying social need

In 2017, the Productivity Commission observed that "Governments currently do not have the information they need to adequately understand the needs of the service user population."[31] The Commission noted that new data and analytical techniques are creating opportunities for better population analysis to help understand the level and intensity of need across the Australian community.[32]

Population level data analysis is an important piece of the needs puzzle. It can help identify the characteristics of different populations, their social needs and the prevalence of particular needs in particular locations.

[30] FRSA (2021), Survey: Impacts of the COVID-19 Pandemic on Service Demand for Family and Relationship Services, p 11.

[31] Productivity Commission (27 October 2017), *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services,* Inquiry Report, No.85, p. 242.

[32] Productivity Commission (27 October 2017), *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services,* Inquiry Report, No.85, p. 248.

Population level data analysis is ideally supported by more localised qualitative or 'thick data',[33] which draws on the experiences of service providers and community members. Combining population analysis with on-the-ground experience can builder a richer contextualised picture of social need to help with service planning and service design. Involving community members also offers an opportunity to map the strengths or assets of a particular cohort or community of people that may be leveraged in service design and implementation.[34]

Needs Assessment

Service providers periodically undertake needs assessments in their local communities to:

- Understand the unserved needs of their communities
- Tender for funding
- Inform strategic planning
- Inform service design and development of program logics
- Contribute to program evaluations

Needs assessments can be undertaken to plan new work. They can also be undertaken to assess whether existing services are continuing to meet the needs of the community. Changes in service demand trends may trigger a needs assessment:

> If demand for a program or service has diminished or increased, or the characteristics of people accessing a program or service have changed, this could be an indication that needs in the area have changed.[35]

When demand patterns change, a needs assessment that looks closely at context can help to make sense of the numbers. The story may not be straightforward. Have needs changed? Are there external factors impacting on service need and on service demand? The lockdown during COVID-19 and impacts on service demand for family and domestic violence provides an example. In March-April 2020 many domestic and family violence services reported a downturn in the numbers of women reaching out for support – in short, demand decreased. At the same time, as research conducted later showed, prevalence and severity of domestic and family violence had increased.[36] This was attributed, in part, to women being 'trapped' at home with their perpetrator with less opportunity to seek help. In short, demand did not reflect need; while need increased, demand dropped, and supply remained much the same.

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[33] Hobbs, T. (2019) *Matching needs and services: advances in data and analytics*, Keynote address, FRSA National Conference, 19-22 November 2019.

[34] Smart, J. (March 2019), Needs Assessment, Families and Children Expert Panel Resource, Australian Institute of Family Studies

[35] Smart, J. (March 2019), Needs Assessment, Families and Children Expert Panel Resource, Australian Institute of Family Studies, p 3.

[36] Boxall, H., Morgan, A., & Brown, R. (July 2020), *The prevalence of domestic violence among women during the COVID-19 pandemic*, Statistical Bulletin 28, Australian Institute of Criminology.

IN CONCLUSION

While it is undoubtedly important to have some visibility over service demand trends, how this is dealt with in the family and relationship services sector requires careful consideration.

Service providers know at an organisational level if more or less people are reaching out for their services, but they may not capture this data or manage service contacts in the same way, making sector-wide trends difficult to measure.

The time and cost of implementing common systems and common approaches to collecting data on service contacts, and the potentially highly disruptive consequences for multi-service, multi-funded agencies, make such a proposition untenable.

At the same time, the COVID-19 pandemic has brought into sharp relief just how abruptly and profoundly the operating environment can change. This requires us to be highly responsive – at a provider level but also at a sector and a policy level. Robust, ideally real-time data can be key to informing how and where we should redirect or ramp up resources.

Notwithstanding the challenges outlined in this paper, FRSA considers that it is important our sector works with government to do more to understand the demand picture. This might be achieved through requiring providers to report service contact numbers,[37] while also allowing for some contextual information to be provided.[38] Reporting of service contact numbers could give an approximate picture of demand trends on a localised basis – noting, of course, that adjustments would need to be made for:

- Contextual factors influencing demand
- People contacting multiple service providers or people being referred by one provider at capacity to another provider with service vacancies (thereby skewing overall met/unmet demand figures.)

How a service contact is captured and how it is attributed (i.e. to which service) would need to be carefully negotiated. Analysing data across providers in a comparative way would likely present an inaccurate (and possibly unfair) picture.

When the dimensions of service demand are unpacked – met, unmet, unknown – the value of understanding service *need* comes to the fore. Who is missing from the demand picture and why? Have local area needs changed? Are services fit-for-purpose? Are they accessible? What are the barriers to service access? What are the barriers to service supply? How well does service supply match service demand?

[37] FRSA's survey: Impacts of the COVID-19 Pandemic on Service Demand for Family and Relationship Services, found that 79% of respondents captured service contact data.

[38] The Activity Work Plan Reports produced by providers for DSS provide rich contextual information

We know that service providers periodically undertake local needs assessments (for strategic planning, annual work plans and other related planning purposes). Are there opportunities for these needs assessments to feed into regional or sector-wide policy and planning processes? Is there value in Government working with the sector to undertake or commission a comprehensive population level needs analysis. The analysis would consider demographic and population changes on a region-by-region basis (growth corridors etc), as well as demographic indicators for people a) likely to need family and relationship services and b) likely to reach out for or demand family and relationship services.

We hope that all stakeholders in the FRS sector committed to improved outcomes for children and families in Australia will see the benefit of coming together to work out how we can build a better picture of changing need and demand.

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