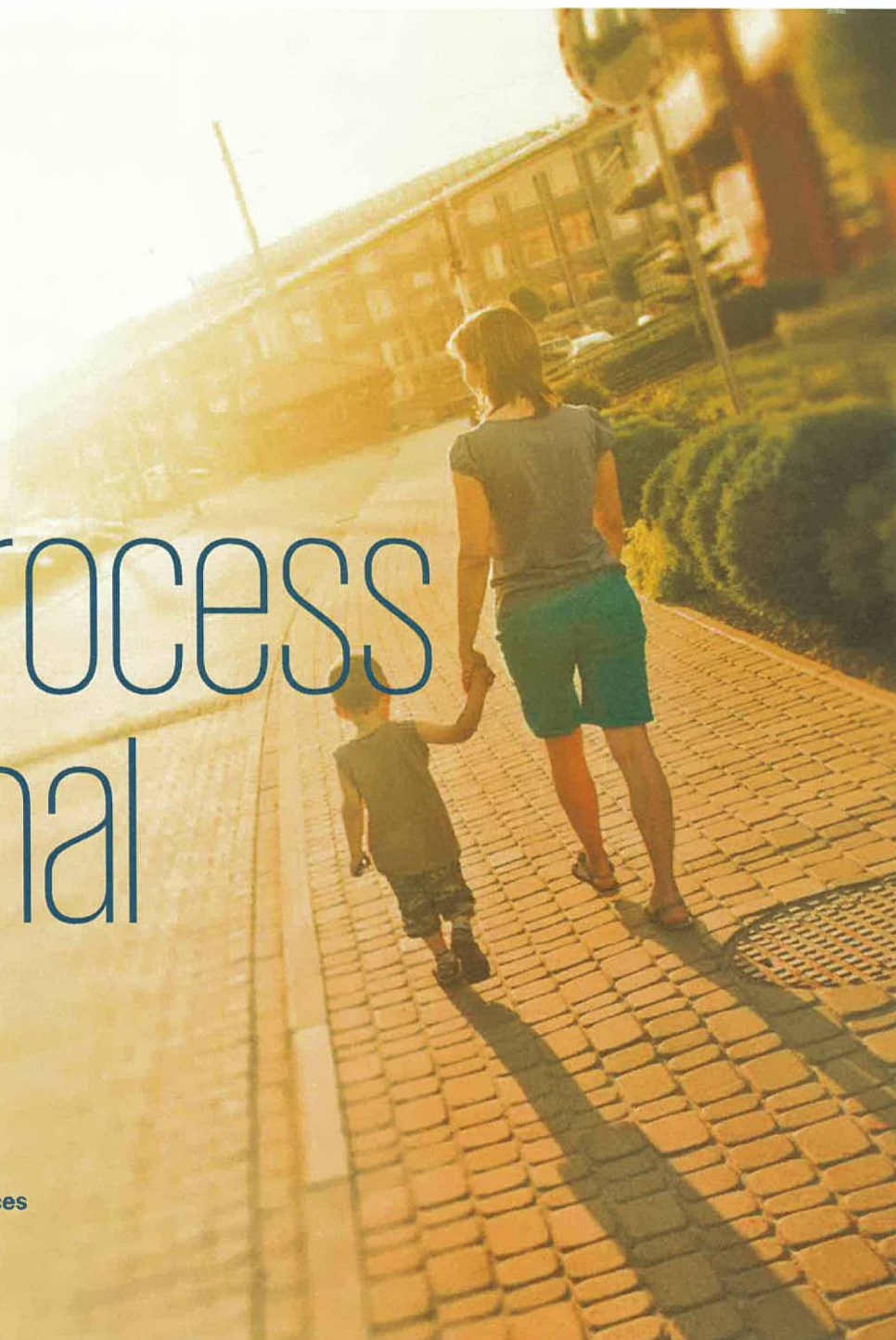**KPMG**

DVConnect Business Process Review - Final Report

Department of Communities, Child Safety and Disability Services

March 2017

Disclaimer

Inherent Limitations

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

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

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

Third Party Reliance

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This report has been prepared at the request of the Department of Communities, Child Safety and Disability Services in accordance with the terms of KPMG's engagement contract dated 24 October 2016. Other than our responsibility to the Department of Communities, Child Safety and Disability Services neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.

Glossary

Acronym	Definition
CHART	Common Homelessness Assessment and Referral Tool
CRM	Client Relationship Management
The Department	The Department of Communities, Child Safety and Disability Services
FTE	Full time equivalent
DFRART	Domestic and Family Violence Risk Assessment and Referral Tool
ICT	Information and Communications Technology
IT	Information Technology
NZ	New Zealand
PNG	Papua New Guinea
QHIP	Queensland Homelessness Information Platform
QPS	Queensland Police Service
RDVS	Regional Domestic Violence Service
RSPCA	Royal Society for the Prevention of Cruelty to Animals
SLMS	Safer Lives Mobile Service
The Taskforce	The Special Taskforce on Domestic and Family Violence
VCMS	Vacancy Capacity Management System

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Document Classification: KPMG Confidential

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Background

DVConnect, the State's 24/7 domestic and family violence telephone and support service, has been experiencing significant increases in demand with the number of calls more than doubling over the last three years. This is impacting on DVConnect's capacity to respond and to effectively perform its vital role of supporting people who are seeking to escape domestic and family violence.

The Department of Communities, Child Safety and Disability Services (the Department) engaged KPMG to examine the factors driving the increasing demand and to examine DVConnect's business processes and ICT systems to determine whether improvements could be made to better manage demand and reduce the number of unanswered calls. KPMG developed a multi-staged and mixed methodology involving a number of activities to undertake the review of DVConnect's business processes. An interim report was produced in December 2016 providing an analysis of demand, current business processes and ICT systems. The interim report set out a number of options around new business processes and ICT upgrades. The final report outlines a preferred operating model for DVConnect and provides a high level implementation roadmap.

Data sources and limitations

It is important to note that the review has been limited by the availability of data in particular around the ability of the current systems at DVConnect to generate accurate data on call volumes, waiting times and response times. KPMG has relied upon manually recorded data from DVConnect for the vast majority of data that has been analysed in the report. The review relied upon quarterly data produced by DVConnect. While monthly data could have been made available, this was not deemed feasible in the timeframe given the need for manual extraction of data by DVConnect staff. For the purposes of consistency, trends have generally been examined using the starting point of financial year 2012/13 Quarter 4 (April, May, June) against the corresponding Quarter in financial year 2015/16 hereinafter referred to as Q4 2013 and Q4 2016.

DVConnect: Current State Assessment

DVConnect is commissioned by the Department to provide a service for "adults experiencing (or at risk of experiencing) or using domestic violence". [1] DVConnect's core business is to deliver the following service lines: Womensline, Sexual Assault Line; and the Mensline. DVConnect also provides placement services. This service component is interlinked with the Womensline and involves finding accommodation for women in crisis, usually either in refuges or motels.

The Department is the primary funder of DVConnect providing more than 80% of the total funding received by the organisation. DVConnect's expenditure has grown substantially over the last three years increasing from $3.3 million in 2013/14 to $5.07 million in 2015/16, an increase of 52 per cent. [2] This followed a significant increase in State funding which increased from $2.8 million in 2014/15 to $4.4 million in 2015/16.

Demand Analysis

- DVConnect has been experiencing significant increases in demand with the number of calls handled across all its service lines more than doubling over the last three years from 13,358 in Q4 2013 to 27,536 in Q4 2016.

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1. DVConnect 2016-17 Service Agreement, Funding Schedule.

2. Financial data supplied by DVConnect.

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- The number of calls to Womensline (which accounts for 78 per cent of total calls) increased from 8,924 in Q4 2013 to 21,403 in Q4 2016, an increase of 140%. Calls to the Mensline also increased over the same period from 1,050 to 2,624, an increase of 150 per cent. In contrast, calls to the Sexual Assault line declined from 776 to 609 while calls to the Service Line (which is the line used by other Government agencies to make referrals) remained relatively stable.

- Outgoing calls for the Womensline are substantially higher than the incoming calls. For example, there were 40,622 outgoing calls in Q4 2016 compared to 16,968 outgoing calls during the same period in 2013.

- The introduction of the Admin line as an alternative route for women has had a significant impact on the workload of DVConnect. Of the total 21,403 calls recorded in Q4 2016, 7,396 or more than a third of these came through the Admin line. If these calls are removed, growth in demand for the Womensline drops from 140 per cent to 57 per cent.

- In 2015/16, the Womensline recorded 86,198 calls for the year which is an average of 236 calls per day. This is well in excess of the average number of calls recorded for Victoria's Safe Steps service (which is the closest comparator organisation) of around 61,000 calls or 168 calls per day in the same year.[3]

- Based on current trends, incoming calls are forecast to increase to a total of 153,966 in 2017 and 440,850 in 2020. This is clearly an unsustainable level of growth and a more realistic trend would see total call volumes increase to around 114,634 in 2017 and 135,506 in 2020.

3. Safe Steps 2015-16 Annual Report

Response rates

- In the face of increasing call volumes, response rates have fallen from 88 per cent for the Womensline in Q4 2013 to 46 per cent in Q4 2016.

- This is a worrying trend as women who are in high risk situations may not be having their calls answered. The response rate for the Mensline has also fallen from 72 per cent to 64 per cent over the same period.

Call Types

- Of the answered calls relating to new cases in Q$ 2016, 32 per cent were urgent calls (i.e. women requiring an immediate place of safety) in comparison to 21 per cent in Q4 2014 (note this data is not available for Q4 2013). In terms of the overall percentage of calls, urgent cases made up around 8% of total answered calls in Q4 2016.

- The number of information or counselling calls as a factor of new case calls has declined slightly from 73 information or counselling calls per 100 new case calls in Q4 2013 to 67 per 100 new case calls in Q4 2016.

Clients

- More than 70 per cent of calls to Womensline are from existing clients and the proportion has increased over time from around 52 per cent in Q4 2013 to 72 per cent in Q4 2016.

- It is difficult to determine what is driving this demand from existing clients. The need for DVConnect to play an ongoing role in managing the placement of women in motels is likely to be a key contributing factor although women in the community may contact DVConnect numerous times before they make a decision to leave.

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- Total call volumes for the Womensline are also likely to be inflated by repeat callers given the low response rates being experienced wherein more than a half of calls to the Womensline are going unanswered.

- A better indicator of underlying demand is the actual number of client intakes (or new cases) recorded. The analysis shows that the total number of intakes recorded increased by only 4 per cent from 5,564 women in Q4 2013 to 5,773 in the corresponding quarter in 2016.

DVConnect services

DVConnect broadly segments its services into the following categories:

- crisis intervention;

- counselling and support;

- enquiry; and

- face to face court support (note the Department no longer funds DVConnect for this service).

Crisis Intervention

Crisis intervention primarily covers the transport to and placement of women in safe accommodation whether that be in a refuge, motel or with families and friends.

- Data provided by DVConnect shows that the number of women seeking refuge has increased by 27 per cent over the last three years from 1,518 in Q4 2013 to 1,928 in Q4 2016. However, the number of refuge placements has remained stable averaging around 352 placements per quarter. For Q4 2016, only 18 per cent of women seeking placement were successfully placed in a refuge.

- At the same time, the number of women who are being placed in motels has increased dramatically from 455 to 3,044 (as measured by total number of nights in motels reported by DVConnect) over the same period. This equates to an increase of 570 per cent over three years. Note it has not been possible to identify how many women this relates to - assuming an average length of stay of 5 nights would mean 609 women being accommodated in motels in Q4 2016.

- The number of women transported by DVConnect has also increased significantly from 590 women in Q4 2013 to 1,713 in Q4 2016, an increase of 190 per cent. This equates to an increase from 11 women transported per 100 intakes in Q4 2013 to 30 per 100 intakes in Q4 2016.

- The staggering level of increase in demand for placement of women (and their children) in motels can be attributed to a range of factors including the lack of available refuge places (with refuges in South East Queensland reporting 97 per cent occupancy according to data provided by the Department of Housing and Public Works) [4], the provision of additional funding for this specific purpose, as well as the open ended approach adopted by DVConnect in meeting the costs of accommodating women in motels given the reported overspends in this area.

Enquiry/Counselling

- DVConnect was unable to provide data that separates out general enquiries from counselling. Based on data provided, the level of demand for these services has remained relatively stable with 3,844 answered calls identified as related to information and counselling in Q4 2013 and 3,868 in Q4 2016. This comprised around 67 per cent of new case calls in Q4 2016.

Court Support

- Demand for face to face court support has fallen over the last three years from 184 in Q4 2013 to 53 in Q4 2016.

4. DHPW, Refuge vacancy data via QHIP 2014-2016

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DVConnect: business process key findings

KPMG has undertaken an extensive business process mapping exercise to understand the current business processes employed at DVConnect based around the client journey and the different routes this can take.

The main purpose is to identify opportunities for improvement in call handling and areas of potential efficiency gains. As part of this process, a number of issues have been identified. The focus of the review has primarily been on the Womensline as this is where the greatest increases in demand have been experienced.

Triage

Telephone triage "is the practice of conducting a telephone interview to assess the urgency and severity of the patients symptoms".[5] However, there are six separate points of triage across DVConnect's service which is leading to an unnecessary level of double-handling and delays.

The triage is conducted either by a Crisis Intervention Counsellor (CIC) or an administrative staff member, depending on which hotline a person calls – if a person calls the Admin Line they will be triaged by administration staff, transferred to a CIC and triaged again.

If a women calls the Womensline, she will be triaged by a CIC and depending on the intervention strategy and whether the client has to call back either the Admin Line or the Womensline they may be triaged again. This process slows response times and means that calls are not being prioritised prior to being responded to by a CIC.

The review found that calls from people who are not in crisis are contributing to the large volume of calls to DVConnect and make it more difficult for people in crisis to get through.

While the data around call wait times and the number of non-domestic violence related calls is unavailable, anecdotal evidence collected during the onsite assessment at DVConnect suggests that the call wait times are significant and that DVConnect would benefit from a more effective triaging system.

A new triaging system was introduced for 1800RESPECT which has had a dramatic effect on call wait times and response rates. See Section 3 for more information.

Risk assessment

The risk assessment tool used by DVConnect is the established common risk assessment and referral tool for refuges and referral partners: the Domestic and Family Violence Risk Assessment and Referral Tool (DFVRART). According to consultations with shelters, most cases come through as high risk which means that most crisis interventions are being assessed as high priority, based on the DFVRART.

Consultations with stakeholders also indicated that the risk assessment that DVConnect provides is often incomplete and/or inaccurate. DVConnect counsellors only have a small window of time to deal with clients which could be a contributing factor to the perceived poor quality of risk assessments. However, stakeholders also noted that risk assessments had been steadily improving. Based on data collected by Safer Lives Mobile Service (SLMS), who conduct a second risk assessment for women who are placed in motels, 91% of women in motels (who have been assessed by DVConnect as high risk and warranting intervention) are confirmed as having domestic violence as their primary presenting need.[6]

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5. Medibank, Telephone Triage, Health Advice and Referral, https://www.medibankhealth.com.au/telephone-online.asp?id=102&t=Telephone+triage%2C+health+advice+%A7+referral++&cid=472

6. SLMS, General Case Management spreadsheet, provided by the Department 13 January 2017

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A new state-wide risk assessment tool has been drafted by the Australian National Research Organisation for Women's Safety (ANROWS). The implementation timeframe for this new risk assessment tool has not yet been confirmed.

While this will be useful in promoting greater consistency and avoid doubling up on risk assessments across the system, it is unlikely that a variation in the risk assessment tool alone will change the volume of women requiring crisis intervention and crisis accommodation.

Database

DVConnect uses an Access database to store client details. This database is currently too slow to respond to the requirements of the counsellors. A more flexible and scalable platform, capable of efficient querying, would improve CICs' access to information in order to respond with greater speed to the needs of callers.

CHART usage and duplication

There is duplication of information on both the Access Womensline database and the Common Homelessness Assessment and Referral Tool (CHART). Consolidation into one system or an automatic update function from Database to CHART should be considered to improve the efficiency of data collection and information sharing, and thereby the effectiveness of responding to client needs.

Resource and time wastage

A significant amount of time and resources is spent on mandated report filing and movement around the office. For example, staff manually update the refuge board and use a hand written Admin Request form. Consideration should be given to utilisation of soft copy formats and a more intelligent and literate filing system. Clear standard operating procedures would be required to support this process.

ICT at DVConnect

DVConnect's ICT environment has organically developed over a period of time to support increasing demand on DVConnect's services. The ICT environment is at a level that is to be expected of an organisation of this size. However, the current ICT environment no longer suits the

organisation's purpose and the services it aims to provide. Key to the delivery of DVConnect services are the following three ICT capabilities:

- the Womensline database;
- the telephony systems; and
- The IT infrastructure.

These have been analysed in regards to both functional quality and technical quality and form the areas for consideration going forward.

Womensline database

- Reliance is currently placed on a single person to support the ongoing development, maintenance and support of the database which exposes the organisation to an unnecessary level of risk.

- The Womensline Access database is flexible with regards to enhancing the number of data capture requirements during an intake but does not support business process automation.

- There is complete reliance on this system and its record keeping functionality to deliver crisis intervention and counselling services which again is a risk exposure.

- Information contained within the database cannot easily be extracted by robust reporting tools and this is impacting on the capacity to accurately monitor and report on demand on the system.

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- The Womensline Access database is a standalone application that does not integrate with other solutions. As a result, a significant amount of time and effort is invested by DVConnect to manually duplicate data within the Queensland Homelessness Information Platform (QHIP).

- The application fosters fast changes, however these changes are not formally recorded and can be performed without oversight by DVConnect management.

- There is no role based security and/or permissions associated with users accessing the database.

Telephony system

- The phone system is no longer fit for purpose and is unable to support high volume calls.

- The system does not support caller identification which again is limiting the ability of the system to produce meaningful data to support business improvement.

- DVConnect does not have visibility over the number of new versus repeat callers which may be adversely impacting on DVConnect's service delivery approach.

- The system does not support an integrated login concept whereby phone extensions are attached to an employee rather than a static desk.

- Overflow lines do not exist to support DVConnect during high demand periods which again means that urgent calls may drop off.

- DVConnect requires adequate redundancy in the event the location of DVConnect is compromised by an outage and/or incident and the phone system is connected to the voice infrastructure by one physical link.

- There are only 2 to 3 people identified within Managed Solutions who have oversight of the telephony system and its functionality

- The phone system does not integrate with the Womensline Access database and/or other solutions for prompt recall of client records upon receiving a call.

IT Infrastructure

- DVConnect's IT infrastructure is currently not flexible enough to scale up and meet growing demand. This limits ability to meet the growth in call volumes. In future, the ability to leverage additional hardware from Managed Solutions (when required) could ensure that ICT can be adapted and scaled to meet DVConnect's increasing demands.

The analysis of ICT current state presents a number of learnings to be considered going forward. In particular, key features of the new operating model will seek to address identified short comings by introducing a number of quick technological improvements (such as soundless keyboards), a electronic data management record system (EDRMS) and a new telephony and CRM solution.

Optimal operating model

The demand analysis, business process review and ICT assessment demonstrate that there is clear potential for improving the operations of DVConnect to enable it to better manage demand and respond more effectively to clients.

The interim report considered a number of options for change for the future operation of DVConnect. Following feedback on the interim report and drawing on our knowledge and experience with similar organisations, an optimal operating model has now been identified for consideration.

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Core components operating model

An operating model provides a high level representation of how an organisation can best be organised to more effectively and efficiently deliver on it strategy.

The operating model that has been developed for DVConnect addresses the following key components:

- business processes;
- ICT requirements;
- organisational structure/people;
- governance; and
- service mix.

The new operating model has primarily been designed to:

- improve the efficiency of DVConnect's service operations;
- streamline DVConnect's business processes to reduce double handling and duplication;
- introduce a new triage process to better prioritise clients when they call DVConnect;
- modernise and upgrade its ICT systems as a key enabler of improved business processes including a new telephony and client records management system; and
- ensure its organisational structure, staffing and governance align and support the new operating model.

The new operating model will enable DVConnect to better manage demand and improve its response rates. Detailed activities under each of the components are set out in more detail in Section 5 of the report.

Costs and financial implications have also been identified where information and data is available. A summary costing table is provided overleaf.

Target operating model

Figure 1: Operating Model

Source: KPMG, 2017

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Summary Table - Indicative costings for new operating model for DVConnect

Description	Initial upfront cost	Ongoing annual cost
Transformational Program Management to implement business change through: 1. business process optimisation; 2. solution implementation; and 3. organisational change management initiatives to support the business change	~$150,000 for an organisational change management activities ($75k each year for two years) ~$150,000 for program manager ($75k each year for two years) ~$210,000 for backfill of 2 internal resources (working on an annual wage of $70k per person in the first year and then only one resource for the second year ~$100,000 for business analyst ($50k each year) *Note these costs would be expected to be incurred over the first two years of the change management program.*	No additional ongoing costs.
Introduce silent keyboards for use by the Counsellors during phone calls, electronically display QHIP and introduce online booking	~$2,400 for 40 silent keyboards for use across the organisation ~$6,000 for 40 headsets across the organisation ~$1,600 for a television screen ~$0 for establishing online booking system	No ongoing annual cost anticipated.
Digital Telephony system	~$30,000	~$6,000 annually
Develop ICT needs assessment and options analysis for a CRM and EDRMS solution	~$100,000	No ongoing cost anticipated.
Integration link between EDRMS / CRM Solution and the CHART application	~$30,000	No ongoing cost anticipated
Customer Relationship Management Solution (CRM)	~$150,000	~$26,400
Electronic Document and Records Management Solution (EDRMS)	~$50,000	~$4,800
Configuration / integration link between CRM and MYOB	~$7,500	No ongoing cost anticipated
Integration link between the new telephony solution and CRM system	~$50,000	No ongoing cost anticipated
Introduce a new triage system	No upfront costs (apart from telephony system as above)	$160,000 (based on two dedicated staff)
Introduce a new dedicated placement management process.	No upfront costs	$160,000 (based on two dedicated staff)
Engage a strategic ICT advisor	No upfront costs	~$38,000 (based on an ICT advisor for 1 day per month with a review on an annual basis
Total Estimated Costs	**$1,037,500**	**$395,200**

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Implementation approach

Implementation of the new operating model needs to be managed carefully to ensure there is no disruption to services. A three phased approach has been developed for implementation proceeding over a two and a half year period. Detailed transition planning would be required and it is suggested that a dedicated team is established to manage the change process with appropriate governance and oversight by the Department.

It should be noted that these are indicative timelines only and would be subject to further consideration by the Department and DVConnect. A high level implementation roadmap is outlined overleaf with more detail contained in Section 5 of the report.

Figure 2: Overview of Phased Implementation

Source: KPMG, 2017

Areas for future consideration

While the scope of this project was limited to a review of business processes and the development of an operating model for DVConnect the following issues were identified as areas for future consideration by the Department:

- The lack of sufficient refuge places is a key factor contributing to the large number of women being placed in motel accommodation and until that issue is addressed, there will be continued pressure on DVConnect's crisis intervention placement services.

- The need for better coordination and information sharing is evident including between DVConnect, refuges and with the agencies involved in managing the placement of women and children in motels.

- Overall, governance and contract management could be improved with clear specifications around what the Department is purchasing together with reporting on a high level set of key performance indicators to improve overall accountability and governance.

5. Implementation roadmap

Roadmap

Below is a graphical depiction of the key activities to achieve the suggested operating model. This also reflects the phased approach that will occur over two and a half years. Activities for the first phase are numbered to indicate the sequence in which it is suggested that they should occur.

Figure 3: Roadmap for Implementation
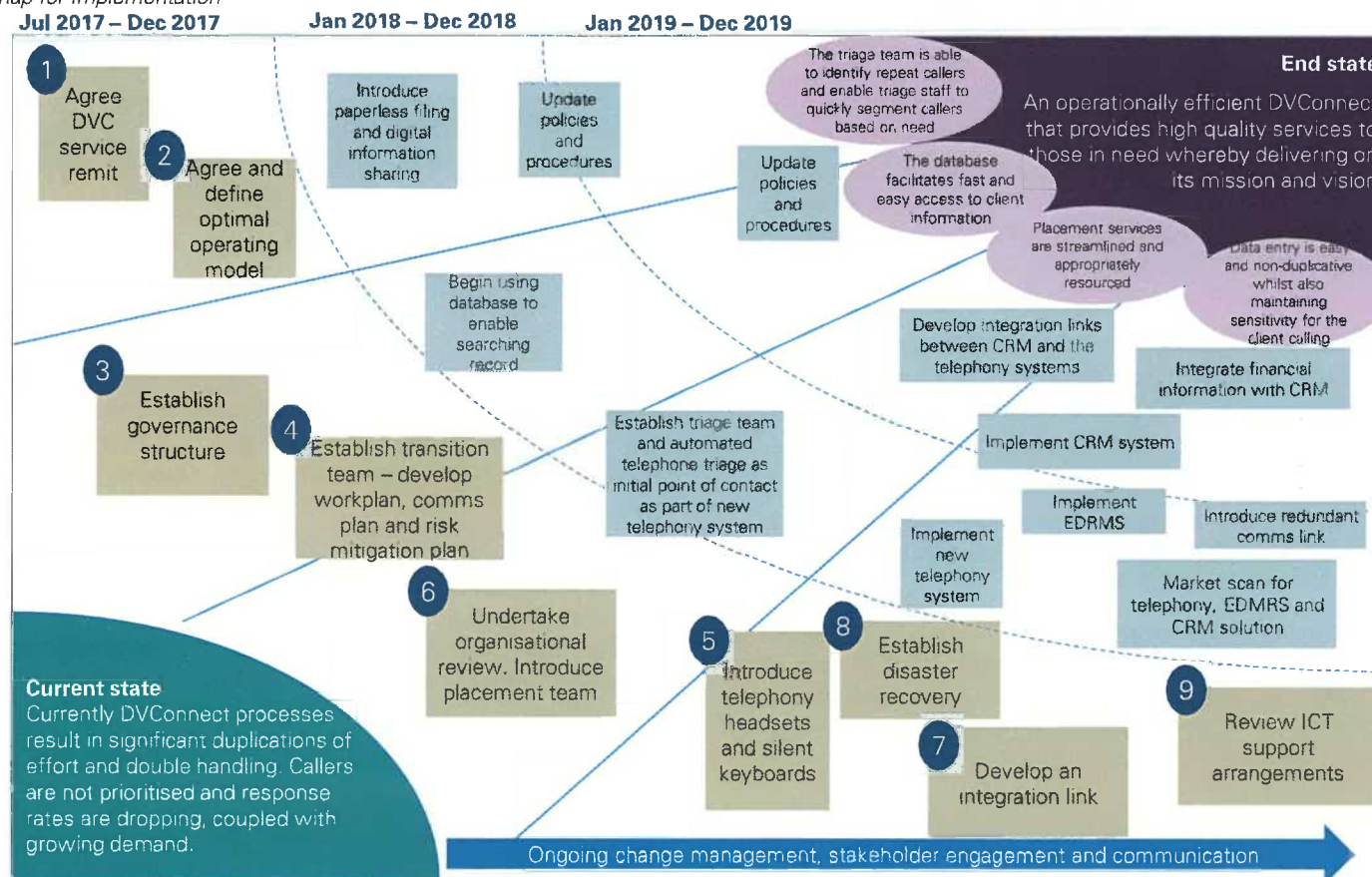
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KPMG

Section 1:
Introduction

1. Introduction: background and context

1.1 Background

In October 2016, KPMG was engaged by the Department of Communities, Child Safety and Disability Services (hereafter referred to as the Department) to undertake a review DVConnect's business processes. This included an analysis of DVConnect's existing Information and Communications Technology (ICT) systems, business operational model and processes to identify efficiencies and provide options for improving the service. Intended outcomes of the review include:

- to provide options for DVConnect to consider about how they can reduce the number of unanswered calls and improve their efficiencies around ancillary services which are a critical part of the crisis management support that they provide;

- the findings and options will provide a framework for the organisation to improve its business processes, and increase its efficiency and effectiveness; and

- the findings and options will inform the parameters of the new DVConnect contract.

1.2 Methodology

1.2.1 Scope

The scope of KPMG's review of DVConnect's business processes included:

- an assessment of the current demand and the capacity of DVConnect, including call profiles, the nature of the demand of the callers, the end-to-end business, risk assessment, intake and referral processes and the transfer of responsibilities of case management to the relevant agencies to inform the development of a map of the existing end-to-end business processes;

- an assessment of existing core ICT, business, reporting communications support systems including all on-line and off-line business processes. This includes DVConnect's own systems and processes as well as the Common Homelessness Assessment and Referral Tool (CHART) and the Vacancy Capacity Management System (VCMS) which make up the Queensland Homelessness Information Portal (QHIP) and OASIS.

- consultations with a range of stakeholders were undertaken (a summary of key themes is provided at Appendix D); and

- the development of a business process map that identifies other support services provided by DVConnect including the Pets in Crisis Program, and assess the impact on DVConnect's core business.

The findings of the review were not to change the level of funding provided to the DVConnect. However, the Department has now indicated that there is a clear understanding that any significant changes to DVConnect's operating model are likely to be associated with financial implications.

1.2.2 Approach

KPMG developed a multi-staged and mixed methodology involving a number of activities to undertake the review of DVConnect's business processes. Key engagement activities are outlined below:

This final report constitutes the fifth and final stage of the review and a consolidation of findings from the engagement to date.

1. Introduction: background and context

KPMG's activities include:

- desktop review – a desktop review was conducted using the data and documentation obtained from the Department and DVConnect. Documentation included contracts and DVConnect Practice Manuals as well as policies and procedures. This was to develop an in-depth understanding of DVConnect's policies and procedures, its service configuration and the critical linkages and intersections that are required for DVConnect to operate effectively and efficiently;

- onsite assessment of DVConnect – this two day onsite assessment was conducted to understand service demand and day-to-day business systems which informed the current state assessment; and

- stakeholder consultations – extensive consultations were held with DVConnect employees, Combined Women's Refuge Groups, regional shelters, other key providers such as Micah Projects, Uniting Care Community, and Save the Children. Government stakeholders were also consulted. Consultations focused on understanding the current state of service demand, interactions between agencies and how DVConnect business processes and ICT systems could be improved. A full list of those consulted is available at Appendix A.

1.2.3 Limitations

This report is restricted to considering only the data provided by the Department, the Department of Housing and Public Works and DVConnect. This data includes: DVConnect contracts, DVConnect expenditure and DVConnect performance data including data relating to in-coming calls, referrals to refuges and women in motels. Data from QHIP which indicated vacancies in refuges was also considered.

The data limitations for this report are significant and include the following:

- the data has been manually collected at DVConnect and is therefore exposed to manual error and miscalculation;

- data relating to abandonment rates, average waiting times and the volume of repeat callers and call duration is not collected;

- data was only provided for three years from 2013-2016 and while it is available by month, collecting this data was not feasible within the original timeframes and quarterly data has been relied upon; and

- data does not allow clear differentiation between callers and the actual number of clients to determine service usage patterns.

Due to these limitations, and as acknowledged in various parts of the Report, this review should be seen as a starting point for identifying data gaps, improving business processes and implementing new solutions to collect data more reliably and inform everyday decision making.

1.2.4 Structure of the interim report

This report is structured into the following sections:

Section 1: Introduction – (current section) provides an overview of KPMG's approach and scope and the context for the engagement. A description of DVConnect and its services is also included.

Section 2: Current state: service demand – provides information about DVConnect by drawing on key data describing DVConnect's current activities and the challenges it is facing.

Section 3: Current state: business processes – this section provides a description of business processes currently in place at DVConnect.

1. Introduction: background and context

Section 4: Current state: ICT – this section provides a description of ICT at DVConnect including observations about current functionality and capacity to support optimal operating processes.

Section 5: Optimal operating model – this section provides a description of future operating model for DVConnect. This optimal operating model is based on findings in sections 3 and 4 and efficiencies/improvements achieved in similar organisations.

1.3 Context

1.3.1 DVConnect

Since 2002, DVConnect has been funded by the Department to deliver a statewide 24 hour service that addresses the needs of "adults experiencing (or at risk of experiencing) or using domestic and family violence".[7] While the service agreement does not prescribe the exact nature of the 24 hour service, DVConnect operates the DVConnect Womensline, the DVConnect Mensline and the DVConnect Sexual Assault Line.

The overarching mission for DVConnect's services is to "…enable the seamless passage from violence to safety."[8] This underpins the organisation's vision which is "…a Queensland free from Domestic and Family Violence."[9] DVConnect offers a range of services to clients including information and advice, crisis counselling and crisis intervention. Crisis intervention includes arranging transport and delivering placement services i.e. finding accommodation placements for clients assessed as unsafe and at risk and therefore requiring a safe place such as a refuge, a motel or a family or friend's residence.

A detailed service overview is provided in the adjacent figure.

7. *DVConnect 2016-17 Service Agreement, Funding Schedule.*
8. *DVConnect 2014-15 Annual Report.*
9. *Ibid.*

Service profile

- **Womensline** – provides crisis intervention, support, information, advocacy, telephone crisis counselling, referrals and state-wide coordination of emergency refuge and shelter placements. This service is funded through funding from the Department. The court support service was funded by the Department until September 2016.

- **Mensline** – provides for short term accommodation needs, basic financial assistance, transport, court support, counselling, referral to other services (such as the homeless hotline) and access to interpreter service. The court support function of Mensline is funded under a contract with Legal Aid separately from the Department's funding.

- **Sexual Assault Helpline** – provides support to men and women through counselling and information (including medical and forensic examination), referrals to other support services where required) as well as information and referral for those requiring urgent assistance or face to face counselling. This service is funded through the Department.

- **Pets in Crisis Program** – operated in close association with the Royal Society for the Prevention of Cruelty to Animals (RSPCA) Queensland, to provide safe refuge for animals at risk until they can be reunited with their family. It is administered directly though the DVConnect Womensline but funded through donations.

- **DVTrainingConnect** delivers training to frontline workers in a range of sectors including health, education, social work and justice. This service is fully cost recovered. Any surplus achieved through charging for training is reinvested into motel accommodation.

1. Introduction: background and context

1.3.2.1 Resourcing

In 2015-16, the organisation had a recorded expenditure of $5.07 million.[10] This is an increase of 52 per cent on its 2013-14 budget.

Approximately 80% of DVConnect's funding is provided by the Queensland Government. In 2014-15, this funding amounted to $2.8 million and increased to $4.4 million in 2015-16 which represents a 57.1 per cent increase in funding.[11]

DVConnect's budget for 2016-17 is estimated to be more than $5.0 million, including $4.7 million from the Department to help DVConnect meet increased demand for call services as well as motel accommodation.[12]

A breakdown of historical expenditure for DVConnect is provided in Table 1 below.

Table 1: DVConnect Annual Expenditure for 2013-14 to 2016-17 (YTD)

Item	2013-14	2014-15	2015-16	2016-17 (YTD)
Employment costs	$2,503,872	$2,736,675	$3,281,754	$1,880,958
Client related costs	$421,482	$581,424	$1,342,380	$861,952
Other expenses	$398,485	$396,548	$444,026	$217,892
Total	**$3,323,839**	**$3,714,647**	**$5,068,160**	**$2,960,802**

Source: KPMG 2016, based on DVConnect data

10. Advice from DVConnect, provided in February 2017
11. DVConnect financial data
12. Ibid.
13. Advice from the Department, provided in November 2016

Although the Department provided extra funding to DVConnect to assist with meeting the additional cost of motels for women in need of crisis accommodation, DVConnect is struggling to contain motel brokerage costs within the set budget.

In early 2016-17, DVConnect reportedly budgeted $80,000 per month for motels but in the first month alone the budget was exceeded by more than $35,000 with motel brokerage for the month of October costing $115,864.[13]

1. Introduction: background and context

1.3.3 Broader System context

In responding to the needs of its clients, DVConnect operates within Queensland's broader domestic and family violence service system To assist women impacted by violence, DVConnect interacts with a range of specialist and community services across the State including:

- Refuges.
- Shelters.
- Sexual assault services and other counselling services.
- Regional domestic and family

- violence services.
- Other specialist providers such as Indigenous specific shelters and CALD services.
- Motels and other accommodation providers.

KPMG undertook consultations with a range of these service providers to gain further insights into the relationships between DVConnect and other key agencies involved in responding to domestic and family violence to understand the broader context in which DVConnect operates. A summary of consultation themes is available at Appendix D.

Currently, DVConnect acts as a central point of contact and referral to other specialist services and refuges and other placement services. However, it became evident from consultations that referrals are being made into refuges from other agencies including, for example, refuges such as Bridges which have the ability to refer to other refuges.
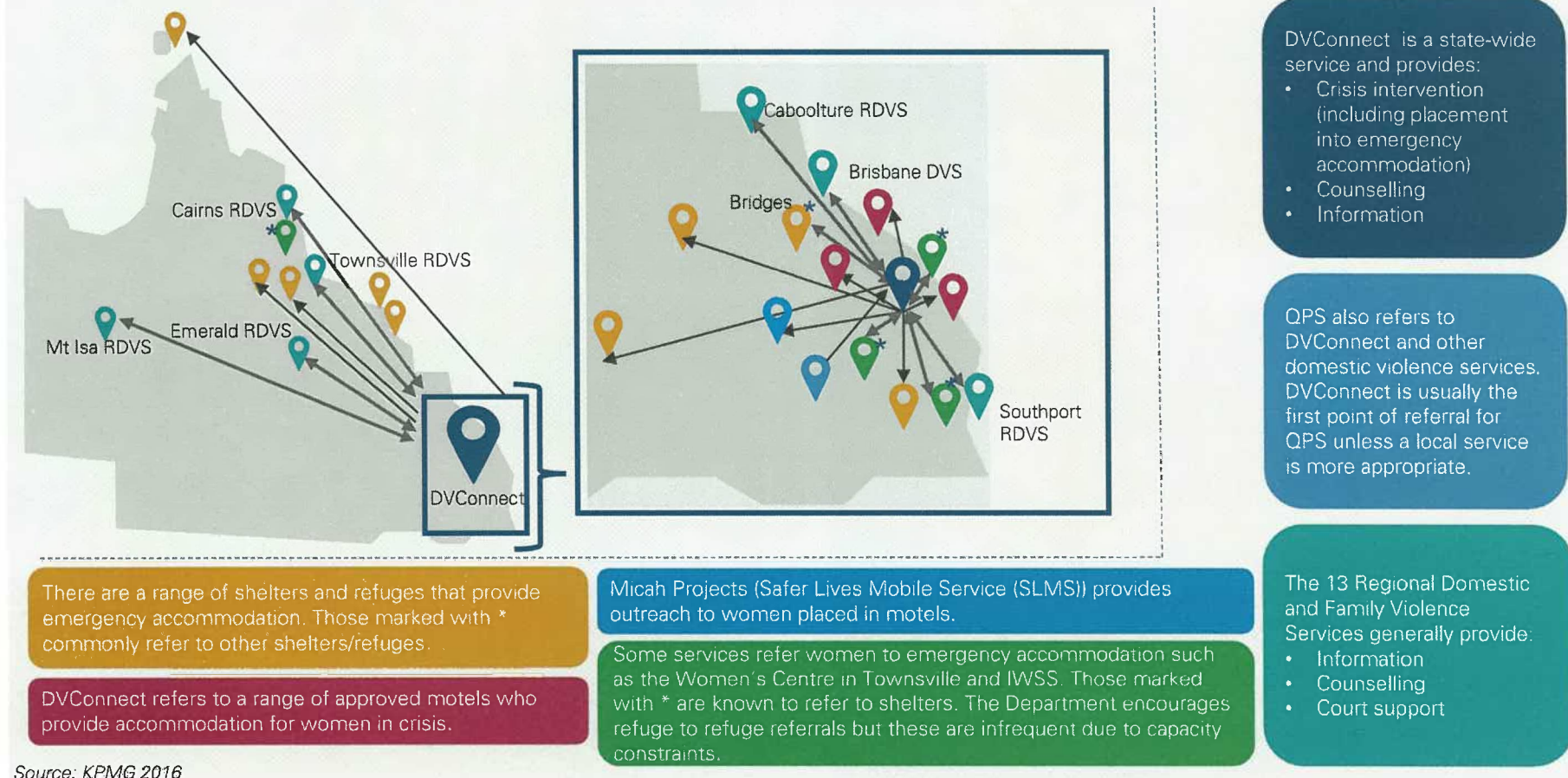
A graphical depiction of roles and relationships is shown overleaf and is provided for illustrative purposes only.

1. Introduction: background and context

Key:
↑ Indicates referral made from DVConnect
↕ Indicates referral possible both ways

1.3.4 Overview of the service system

At a high level, the figure below provides an overview of the service system including key providers and referral pathways involving DVConnect. This figure was developed based on information provided by stakeholders about the common referral pathways and presents a point-in-time understanding of how services interact.

Figure 4: Illustrative Map of Service System for Domestic and Family Violence in Queensland, based on consultations with stakeholders

DVConnect is a state-wide service and provides:
- Crisis intervention (including placement into emergency accommodation)
- Counselling
- Information

QPS also refers to DVConnect and other domestic violence services. DVConnect is usually the first point of referral for QPS unless a local service is more appropriate.

The 13 Regional Domestic and Family Violence Services generally provide:
- Information
- Counselling
- Court support

There are a range of shelters and refuges that provide emergency accommodation. Those marked with * commonly refer to other shelters/refuges.

DVConnect refers to a range of approved motels who provide accommodation for women in crisis.

Micah Projects (Safer Lives Mobile Service (SLMS)) provides outreach to women placed in motels.

Some services refer women to emergency accommodation such as the Women's Centre in Townsville and IWSS. Those marked with * are known to refer to shelters. The Department encourages refuge to refuge referrals but these are infrequent due to capacity constraints.

Source: KPMG 2016

Section 2:
Current state:
service demand

KPMG

2. Overall current state: incoming calls

This section of the report provides an assessment of the demand for DVConnect's services including an analysis of incoming calls across DVConnect's service lines, outgoing calls used to respond to service demand, the profile of people using DVConnect's services and the types of service responses that are being provided.

2.1.1 Demand for DVConnect Services - Incoming calls

DVConnect has been experiencing significant increases in demand with the number of calls handled across all its service lines more than doubling over the last three years from 13,358 in Q4 2013 to 27,536 in Q4 2016.

As shown in the adjacent figure, the number of calls to Womensline (which accounts for 78 per cent of total calls) increased from 8,924 in Q4 2013 to 21,403 in Q4 2016, an increase of 140%. Calls to the Mensline also increased over the same period from 1,050 to 2,624, an increase of 150 per cent. In contrast, calls to the Sexual Assault line declined from 776 to 609 while calls to the Service Line remained relatively stable.

In 2015/16, calls to the Womensline totaled an estimated 86,198 calls per year or an average of 236 per day. This is well in excess of the average number of calls recorded for Victoria's Safe Steps services (which is the closest comparator organization) of around 61,000 calls from women per annum or around 168 calls per day.

In response to the increasing demand for services, DVConnect established another telephone line, the Admin line, in 2014. The Admin line enabled existing clients to quickly access a crisis counsellor rather than waiting in the Womensline queue. Examples of where the Admin line is required include:

- an existing client is travelling from an unsafe location to a shelter and is calling for further transport instructions from their crisis intervention counsellor; and

- an existing client is calling back to speak to a counsellor after they have moved themselves to a safe location.

Other stakeholders, such as shelters, RDVSs and Department staff also use the Admin line to access DVConnect. DVConnect advise that 80% of the calls on the Admin line are existing clients or clients who should call the Womensline because they require counselling and crisis intervention. The Admin line is publicly available on DVConnect's website.

Figure 5: Quarterly call volume of Incoming Calls to DVConnect by Service Line

- Mensline
- Womensline 1800 811 811
- Serviceline 1300 308 884
- Sexual Assault Helpline 1800 010 120
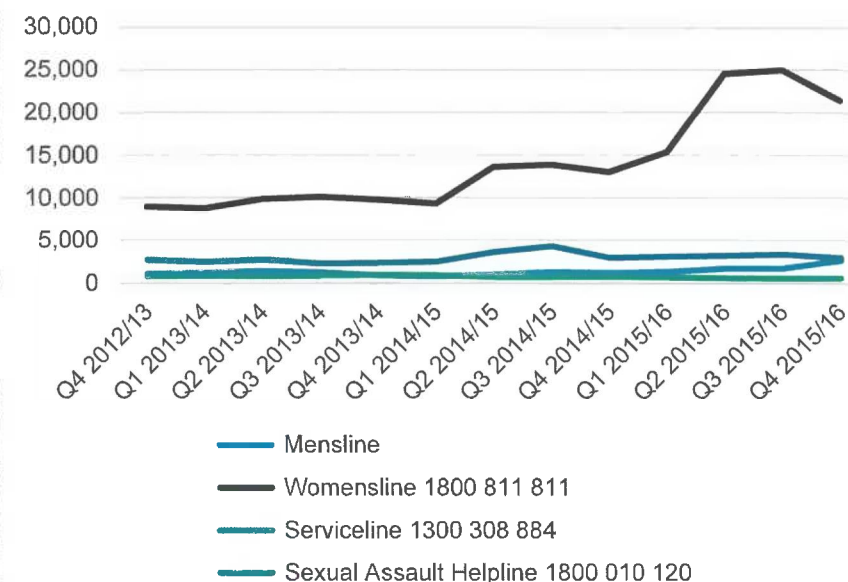
Source: KPMG 2017, based on DVConnect data

2. Overall current state: incoming calls

The introduction of the Admin Line as an alternative route has clearly had a significant impact on the workload of DVConnect. Of the total 21,403 incoming calls for the Womensline recorded in Q4 2016, 7,396 or approximately a third of these calls came through the Admin Line. If these calls are removed, then the growth in demand in calls to Womensline over the last three years is in the vicinity of 57% on a quarter to quarter basis.

Considering the data on an annual rather than quarterly basis as shown in the Table below further illustrates the point.

*Table 2: Annual Incoming Calls to Womensline (incl.Admin Line)*

Total Incoming Calls (Annual Basis)	2013/14	2014/15	2015/16	% Change
Womensline	38,441	48,354	60,940	58%
Admin Line	0	2,166	25,358	n/a
Total Womensline	38,441	50,520	86,198	124%

Source: KPMG 2017, based on DVConnect data

The increasing demand in calls to Womensline has corresponded with a decline in response rates with the proportion of calls responded to dropping from around 88 per cent to 46 per cent (from Q4 in 2013 to Q4 in 2016). It is likely that a number of callers are repeat callers which could be inflating overall call numbers particularly given that more than half of all calls to the Womensline are going unanswered. Current data systems do not permit identification of repeat callers.

As shown in the figure below, the response rate for the Mensline has also fallen, from 72% in Q4 in 2013 to 63% in Q4 2016 noting that demand for this service has also increased but nowhere near the level of increase on the Womensline.

Figure 6: Quarterly response rate for Womensline and Mensline
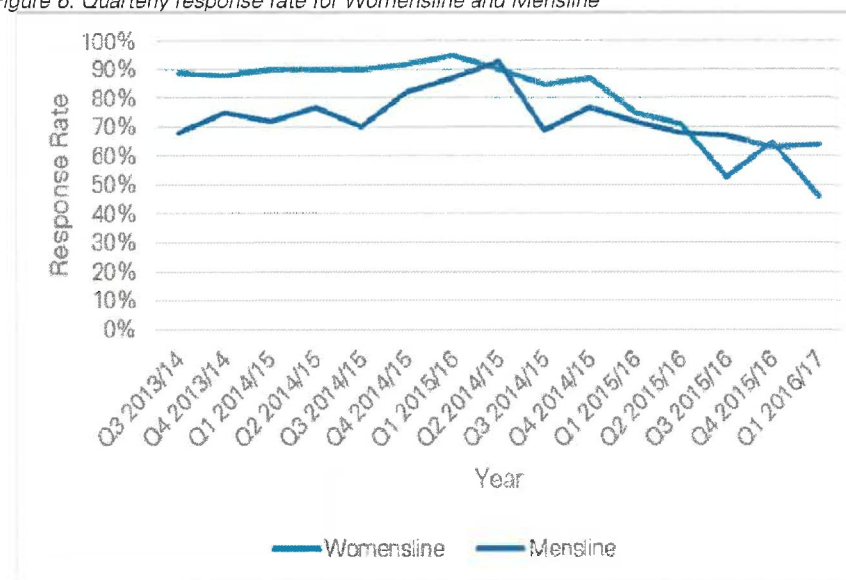
Source KPMG 2017, based on DVConnect data

The demand for DVConnect's services has increased so much that it has superseded similar services such as Safe Steps in Victoria which deals with around 61,000 calls per year compared to the more than 86,000 calls handled by DVConnect in 2015/16.[13]

13. Safe Steps 2015-16 Annual Report

2. Overall current state: forecast calls

The escalation in calls to the Womensline coincided with the release of the Taskforce report in 2015 and a number of high profile murders through intimate partner violence in 2015. There has also been increased awareness about domestic violence nationally, with 2015 Australian of the Year Rosie Batty working to raise awareness about domestic violence and advocating strongly for women to have better access to counselling and crisis management services. At the same time, that awareness about domestic violence and the needs of women has been increasing, DVConnect's brand, as a statewide one-stop-shop for domestic violence, has continued to grow.

2.1.3 Forecast for incoming calls

Given the significant increase in call volumes for the Womensline over the last few years a linear trend for forecasting the total call volume at DVConnect may not be reasonable and would result in total forecast call volumes of around 153,966 by 2017 and 440,850 in 2020.

For the purposes of forecasting call volumes, a more realistic or desired growth rate has been applied to each of the lines to account for population growth and spikes in demand. A manageable call volume for the Womensline and Mensline is considered to be 6% per annum (taking into account population growth and continued heightened public awareness). The Service Line and the Sexual Assault Line have historically grown at a lower rate so these volumes are forecast to grow at around 4% per annum.

This would see call volumes for the Womensline reach an estimated 91,370 in 2017 and 108,823 in 2020. The Mensline is projected to increase to an estimated 7,771 calls in 2017 and 9,255 calls in 2020. Total call volumes would be expected to reach 114,634 by 2017 and 135,506 by 2020.

Figure 7: Forecast annual volume of incoming calls from 2017-2020
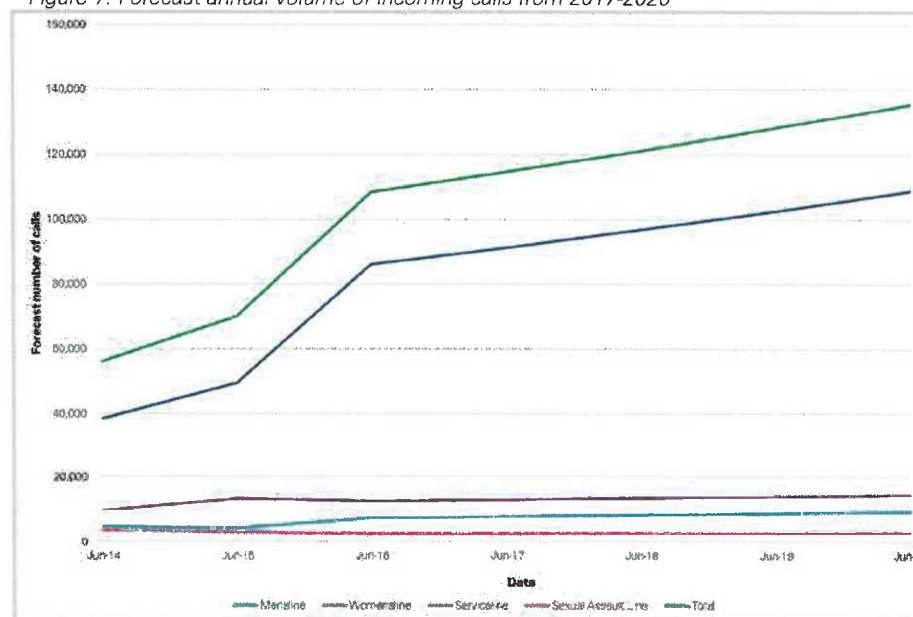
Source: KPMG 2017, based on DVConnect data

Regardless of the forecasting method used, the current trend in call volumes at DVConnect will be difficult to sustain and is placing considerable stress on the organization. Work required to adequately respond to the needs of women calling DVConnect also consumes a significant amount of resources.

The following page provides an analysis of the outgoing calls that DVConnect makes in responding to the needs of clients.

2. Overall current state: outgoing calls

2.1.4 Outgoing calls

The number of outgoing calls by DVConnect is much greater than the number of incoming calls and this has also been increasing steadily, from around 16,968 in Q4 2013 to 40,622 in Q4 2016. The graph below demonstrates that the outgoing calls for the Womensline are substantially higher than the incoming calls. On the other hand, the number of outgoing calls for the Mensline are approximately equal to the volume of incoming calls.

Figure 8: Quarterly volume of outgoing Calls for the Womensline and Mensline
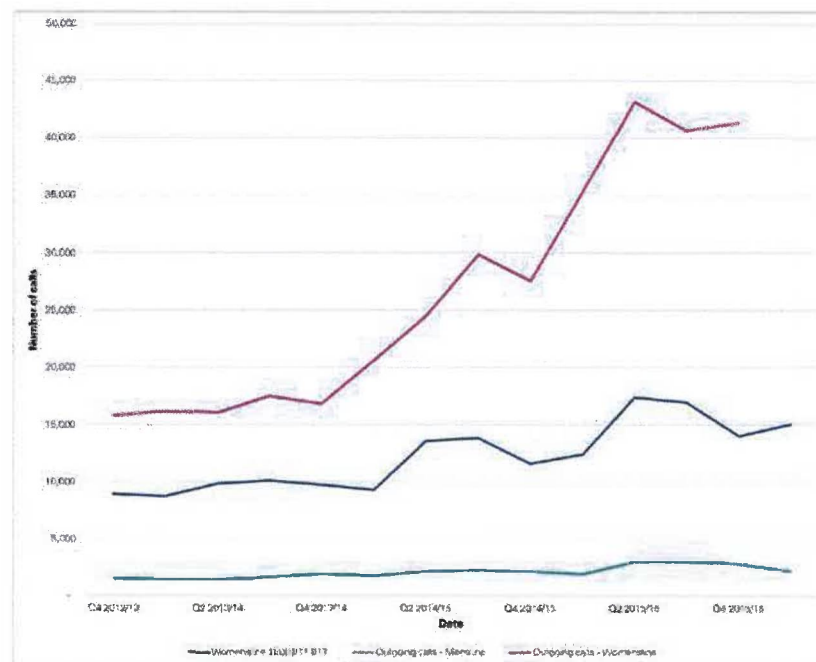
Source: KPMG 2017, based on DVConnect data

The substantial number of outgoing calls are underpinned by DVConnect's embedded business processes. These business processes are analysed in more detail in the Section 3 of the report. However, at a broad level the high volume of outgoing calls are due to the high volume of calls made by DVConnect staff to respond to the needs of client.

These outgoing calls can include calls made to find accommodation for women in need of crisis accommodation, phone calls made to organise transport for women and follow-up phone calls to support services, case management services and shelters that clients have been referred to. Additionally, it is common practice for counsellors to terminate a conversation with a client after collecting their initial details to search for a client's file and then phone the client back – therefore creating an outgoing phone call for every incoming phone call from an existing client.

The next section of the report provides a more detailed analysis of the caller profile for people calling DVConnect which helps shed more light on this particular issue.

2.1.5 Who is calling DVConnect?

DVConnect handles calls from both existing and new clients. It is understood that existing clients are often those clients who are being placed in motels by DVConnect and case managed by SLMS.

However, DVConnect's existing clients can also be women who are known to DVConnect because they have left a perpetrator of violence previously. On average, an abused women may leave her partner up to seven or eight times before she leaves for good.[14]
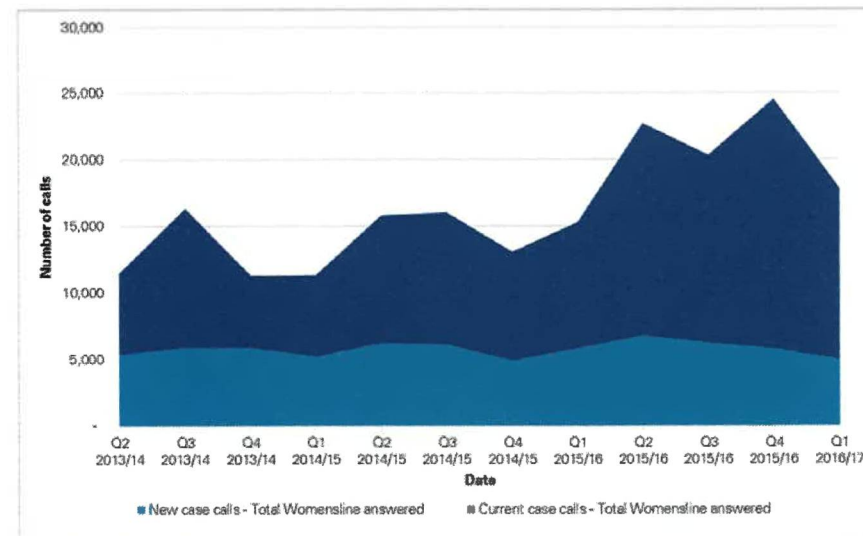
14. *West Connect Domestic Violence Services Inc. Family and Friends.*
http://www.wcdvs.org.au/how-can-we-assist-you/family-friends-how-to-help/

Document Classification: KPMG Confidential

2. Overall current state: new and existing clients

The following pages present demand for DVConnect services indicated by 'current case calls' are calls from existing clients; 'new case calls' are calls from new clients which are also referred to as intakes.

Figure 9 shows that the vast majority of calls made to DVConnect are from existing clients which make up 72% of answered calls in Q4 2016.

Figure 9: Quarterly volume of New Clients Calling the Womensline Compared with Existing Clients Over the Last Three Years.
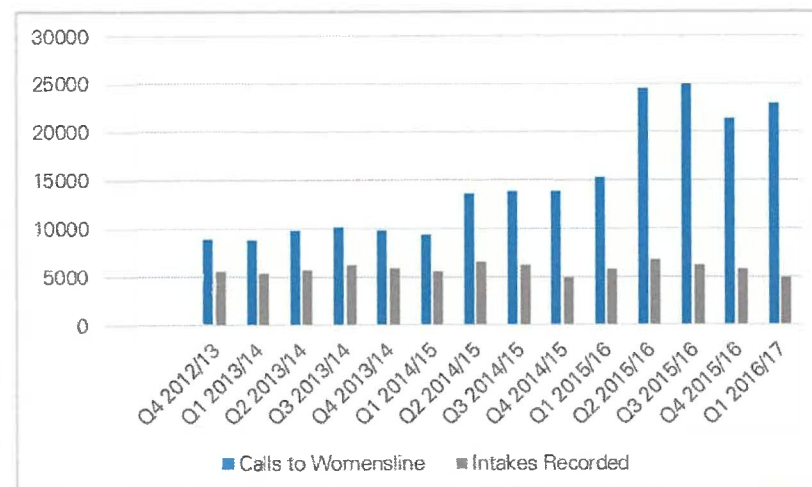

Source: KPMG 2017, based on DVConnect data http://www.wcdvs.org.au/how-can-we-assist-you/family-friends-how-to-help/

Over time, the calls from new clients, compared with existing clients, has been as follows:

- in Q4 2013, new case calls were 52% of the total calls answered through the Womensline (5,861 of 11,285 case calls);

- in Q4 2016, new case calls were 24% (5,773 of 24,503 case calls) of total call volume for Womensline; and

- as at September 2016, new case calls constituted 28% (4,940 of 17,802 case calls) of the total call volume through the Womensline.

The proportion of new intakes recorded against total calls to Womensline per quarter is shown below. This shows that intakes or new clients have remained relatively stable, increasing by only 4 per cent from Q4 2013 to Q4 2016.

*Figure 10: Quarterly volume of intakes and calls to the Womensline*

Source: KPMG 2017, based on DVConnect data

Document Classification: KPMG Confidential

2. Overall current state: new and existing clients

Analysis of the Mensline data indicates that the number of new cases far exceeds the number of existing cases. The graph below shows that over the past three years, there have been an average of 1,398 new cases each quarter and approximately 360 existing cases on average which come through the Mensline.

Figure 11: Quarterly volume of New Clients Calling the Mensline Compared with Existing Clients Over the Last Three Years.
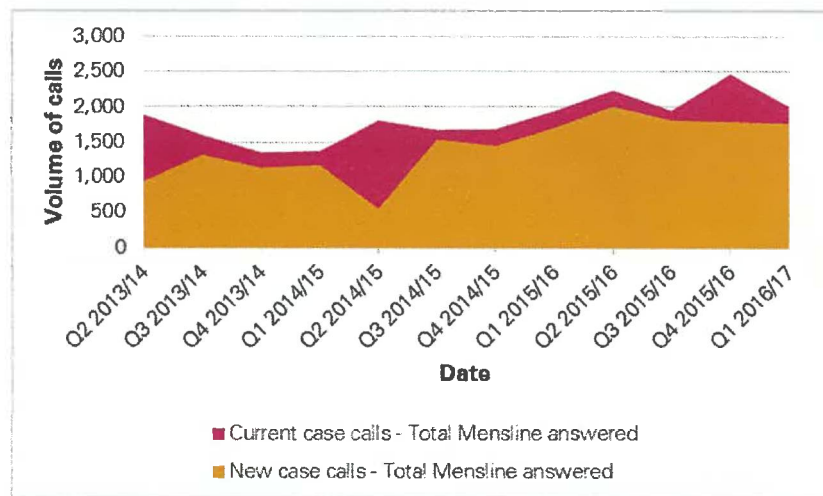
Source: KPMG 2017, based on DVConnect data

Of the people calling the Womensline and the Mensline, only a proportion require crisis intervention or crisis counselling. The next section examines the service types that are being provided by DVConnect.

2. Overall current state: intakes – service type

The majority of calls to DVConnect are from women who are seeking counselling and support and around a third or 32% require some form of crisis intervention.

Figure 12 demonstrates that the number of urgent cases has grown from around 1,000 per quarter to as much as 1,845 in Q4 2016. The volume of counselling and enquiry cases has fluctuated but has decreased from 4,700 intakes per quarter to around 3,000 in Q4 2016. Despite the recent decrease, counselling and support still constitute the majority of service provision by DVConnect.

Court support numbers are very small and the number of police referrals has remained fairly stable averaging around 276 per annum.

This analysis, in combination with the above analysis of new versus existing callers, indicates that the majority of DVConnect's business is providing counselling and supporting existing clients. It should be noted, however, that the counselling that DVConnect provides is crisis counselling only which is short-term trauma-related counselling not ongoing therapeutic counselling.

The following pages of the report provide an analysis of caller profiles and the impetus for people calling DVConnect.

Figure 12: Quarterly volume of intakes for different types of services

Source: KPMG 2017, based on DVConnect data

Document Classification: KPMG Confidential
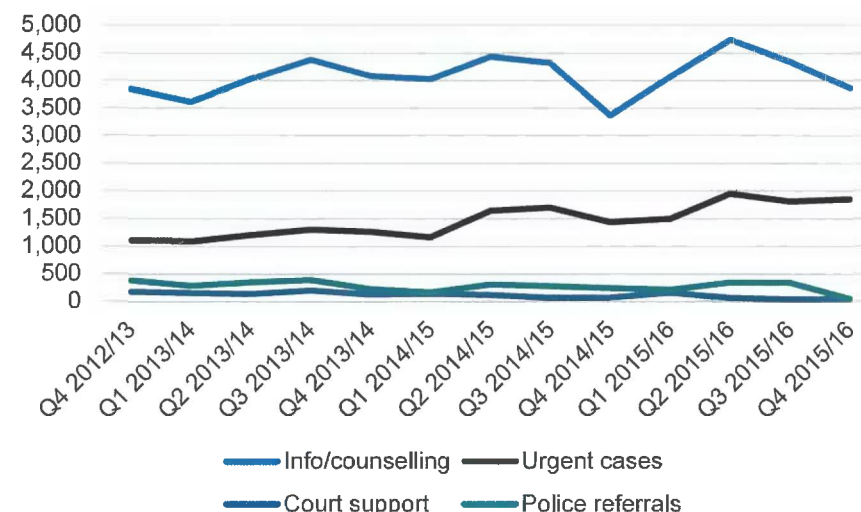
2. Overall current state: intakes – caller profile

2.1.7 Call intakes by population cohorts

In 2015 -16, approximately 8% of intakes were women who identified as being from a non-English speaking background while a further 3% identified as having a disability and 10% identified as being Indigenous.

Figure 13: Intakes Broken Down by Cultural Profile
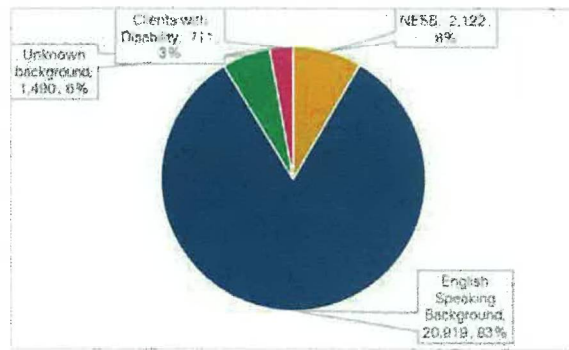
Figure 14: Breakdown of Intakes by Background
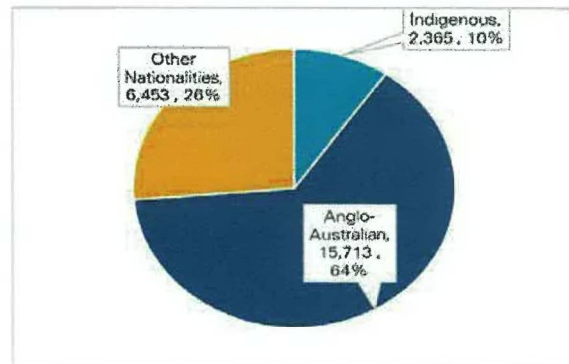
Source: KPMG 2017, based on DVConnect data

The majority of clients are aged between 30 and 40. However, the data for this particular parameter of caller profiles is poor with at least 35% of callers in 2015-16 not identifying their age (refer Figure 16 below).

Figure 15: Breakdown of Intakes by Age for 2015-16

Source: KPMG 2017, based on DVConnect data

Document Classification: KPMG Confidential
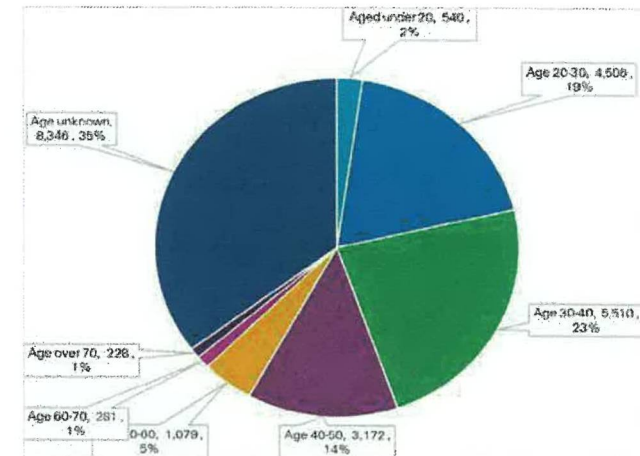
2. Overall current state: reason for calling

2.1.8 Reasons for incoming calls

The vast majority of intakes that DVConnect processes are self referred. Figure 16 below shows that in 2015-16, 92% of intakes to the Womensline were women calling of their own volition. Approximately 7% were referred to DVConnect by the Queensland Police Service, health workers or child safety services.

Figure 16: Breakdown of Referrers for Intakes
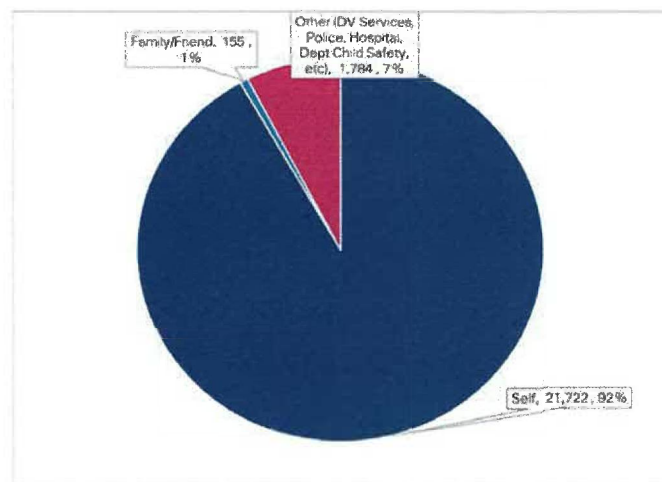
The reason most often reported for crisis intervention or crisis counselling is "experiencing violence in current relationships". Figure 17 shows that in 2015-16, 60% of intakes were due to the client experiencing violence in their current relationship (14,604 of intakes). A further 12% of intakes were due to clients experiencing violence from a past relationship and 8% were due to clients having previously experienced violence in a relationship. Almost a fifth of all intakes

recorded for 2015-16 (4,328 intakes – 18%) had the reason other' recorded for the intake. 'Other' can refer to a non-domestic violence related inquiry such as homelessness or mental health issues but it could also be a completely unrelated issue such as a 'wrong number' call or someone misunderstanding what services DVConnect provides.

Figure 17: Breakdown of Reasons for Recorded Intakes in 2015-16
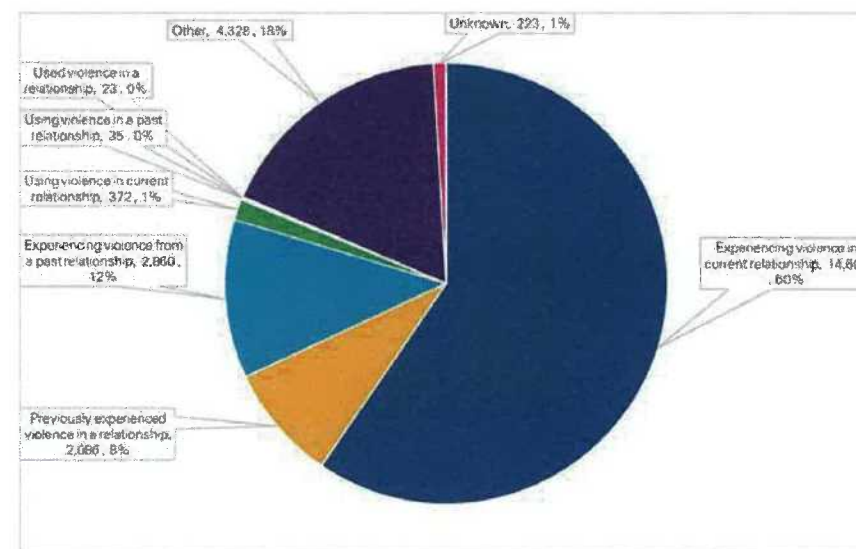
The next section of the report provides analysis on referrals to motels and refuges for women and children requiring crisis accommodation.

2. Overall current state: refuge and motel

2.1.8 Referrals to motels and refuge placements

A key indicator of underlying demand is the number of women seeking refuge. The data shows that the number of women seeking refuge has increased by 27 per cent over the last three years from 1,518 in Q4 2013 to 1,928 to Q4 2016 (refer figure 18). This is well short of the growth in the number of calls to Womensline of 140 per cent over the same period.

Of those women seeking refuge, only around 18 per cent were successful in the last quarter in obtaining refuge accommodation. This is down from a high of 51 per cent in Q1 2014. As shown in figure 18, the total number of women being placed in refuge accommodation has remained relatively steady averaging around 387 placements per quarter.

The QHIP Vacancy Rate Data from the Department of Housing and Public Works indicates that the occupancy rate for refuges in the South East corner has averaged around 97 per cent over the last few years.[15]

Figure 18: Quarterly volume of women seeking refuge and refuge placements by DVConnect 2013 to 2016
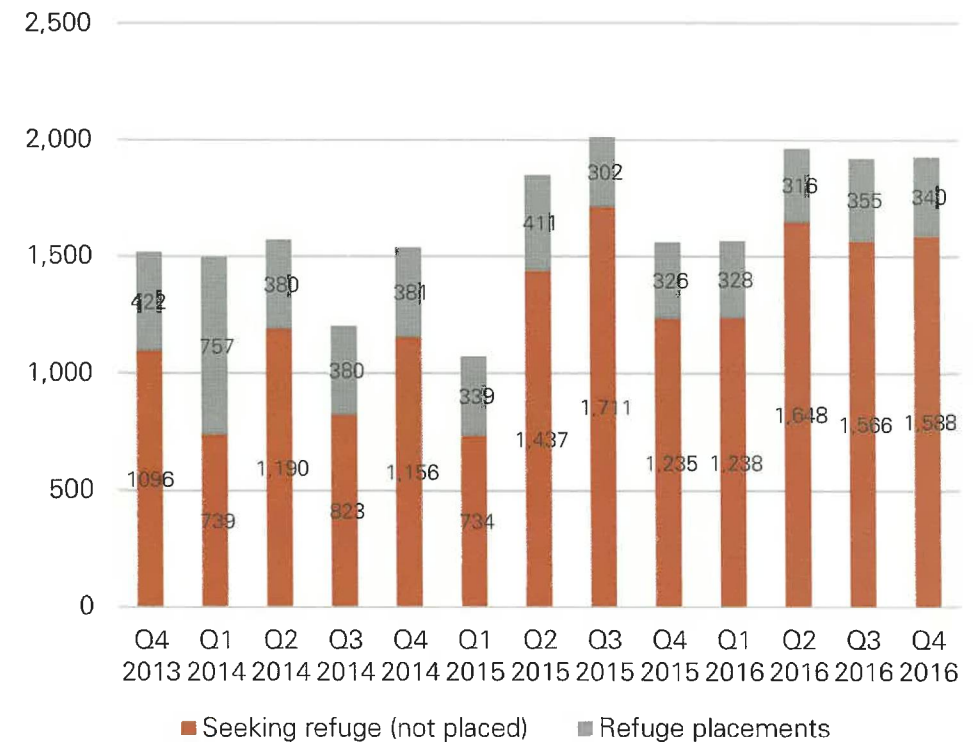
Source: KPMG 2017, based on DVConnect data

15. DHPW, Refuge vacancy data via QHIP 2014-2016

2. Overall current state: motel and refuge

The lack of refuge accommodation has led to increasing numbers of women being placed in motel accommodation.

Figure 19 shows the total number of nights of women being placed in motels by DVConnect which has increased dramatically from 455 nights in Q4 2013 to 3,044 in Q4 2016, an increase of 570 per cent over a three year period.

It is not possible from the data set to determine how many women this equates to – assuming an average length of stay of 5 nights would mean 609 women being accommodated in the last financial quarter of 2015/16.

The placement of women in motels is placing considerable pressure on DVConnect as it attempts to cope with such staggeringly high levels of increases in demand. The lack of suitable refuge places is clearly a contributing factor to the growth in demand for alternative types of accommodation.

The review found that while there was some anecdotal evidence that DVConnect was not referring women to refuges, The DHPW data indicates that refuges were generally operating at close to full capacity.

The open ended approach adopted by DVConnect in meeting the costs of accommodating women in motels is also driving the increasing numbers given the reported overspends on motel accommodation being experienced.

Figure 19: Quarterly volume of women (number of nights) placed in motels by DVConnect 2013-13 to 2015-16

Source: KPMG 2017, based on data provided by DVConnect

2. Overall current state: transport and court support

2.1.9 Court Services

DVConnect provides court support services to women who require assistance. It is noted that this service is no longer funded by the Department. The number of women assisted has declined significantly from 184 women in Q4 2013 to 53 women in Q4 2016.

As a result, the number of women supported for court matters as a factor of total number of intakes has gone down from 3 women per 100 intakes in Q4 2013 to 1 woman per 100 intakes in Q4 2016.

2.1.10 Transport services

On the other hand, as shown in the adjacent figure, women transported have almost tripled over the same period, from 590 women transported in Q4 2013 to 1,713 women transported in Q4 2016, an increase of almost 200 per cent. This equates to 11 women transported per 100 intakes in Q4 2013 compared to 30 women per 100 intakes in Q4 2016.

The increasingly large numbers of women being assisted with transport services by DVConnect is likely to be associated with the increasing numbers of women being placed in motels. Such large increases in demand for this type of service would also be placing budgetary pressures on the organization.

The next section of the document examines the current staffing profile of DVConnect demonstrating how the organisation has expanded to cope with the increasing demand for its services.

Figure 20: Quarterly Volume of Transport Services to Women

Source: KPMG 2017, based on DVConnect data

Document Classification: KPMG Confidential
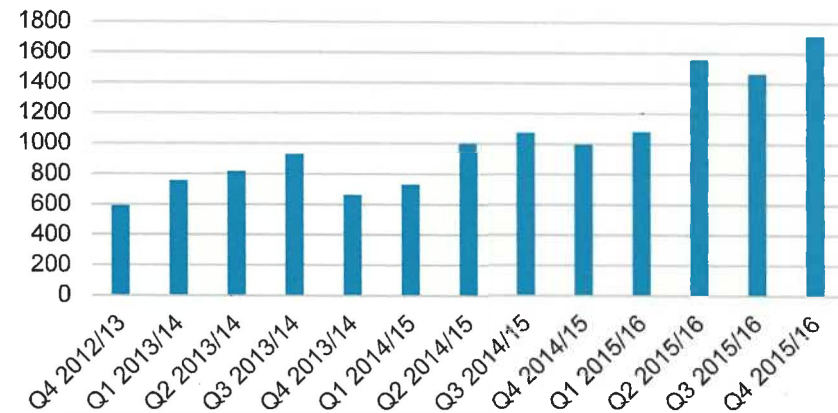
2. Overall current state: Staffing

The following section of the report outlines the staff funded out of the Department's investment and the allocation of these staff across DVConnect's business.

2.1.10 DVConnect staffing

To address the current demand for services, DVConnect employs an estimated 39 full time equivalent (FTE) staff across the Womensline, the Mensline and the Sexual Assault line. This is 22 per cent more than the FTE in 2015 (32 FTE) and 34 per cent more than the FTE in 2014 (29 FTE). The Womensline takes up the majority of DVConnect's workforce with 34 FTE in 2016 (refer Figure 21 at right).

A more disaggregated picture of the workforce is shown overleaf. This table shows the total headcount rather than FTE, that is, including the part time workforce. In 2016, DVConnect employed a total of 60 staff as measured by headcount. There was a decrease in the number of Womensline counsellors in 2016 by a headcount of 4 but these staff were established as team leaders for the Womensline.

This was in recognition that a Team Leader role was required to give direction and support to an increasingly busy team of crisis intervention counsellors. Additionally, the establishment of a team leader role was seen as a way of delegating down some of the decision making authority to free up the time of the managerial staff for more strategic and management related work.

Figure 21: DVConnect Staff Funded through the Department

Source: KPMG 2017, based on DVConnect data

Document Classification: KPMG Confidential
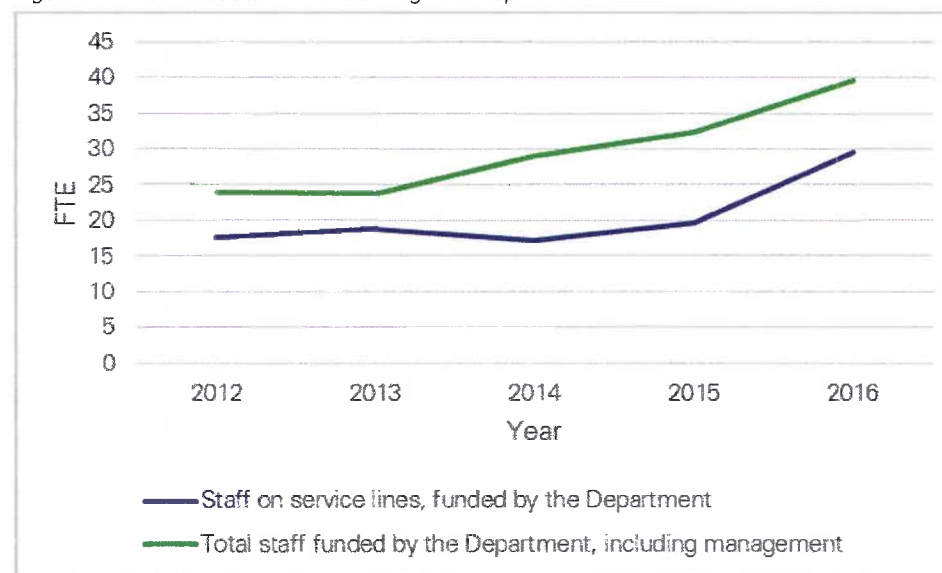
2. Overall current state: staffing

Headcount Analysis

The table at right shows the change in headcount for different types of employees between 2012 and 2016. Womensline Crisis Intervention Counsellors make up the majority of DVConnect's workforce.

It also shows the gradual increase in Admin staff to support the Womensline Crisis Intervention Counsellors.

Overall, the total headcount has increased predominantly due to a significant increase in counsellor support workers (from a headcount 1 in 2015 to 7 in 2016) and a gradual increase in Admin staff (from a headcount of 2 in 2014 to a headcount of 4 in 2016).

The increase in counsellor support staff and Admin staff reflects the increase in the demand for DVConnect services, particularly placement services, and an attempt to release the crisis intervention counsellors from the burden of having to do the administration underpinning placement services e.g. booking transport and filling out forms on QHIP and CHART.

More details are provided about the business processes underpinning this staff arrangement in Section 3.

Table 3: Total Staffing for DVConnect Service Lines 2013-2016

Staffing (headcount)	2013	2014	2015	2016
General Management	2	2	2	2
Service Delivery Management	1	1	1	3
Marketing Management		1	1	0
Womensline Coordinator	2	2	2	0
Mensline Coordinator	1	1	1	0
Womensline Team Leader	0	0	0	4
Admin	2	2	3	4
Womensline Counsellors	35	34	34	30
Mensline Counsellors	7	7	6	8
Sexual Assault Line Workers	4	4	2	2
Counsellor Support Workers	0	0	1	7
Total	**54**	**54**	**53**	**60**

Source: KPMG 2017 based on data provided by DVConnect

KPMG

Section 3: Current state: business processes

3. Current state: business processes

This section of the report describes the business processes at DVConnect and outlines the pathway of a client caller from the moment they phone DVConnect to when they stop requiring DVConnect's services. A high level map outlining the current business process across the three main service lines is shown overleaf. However, the review has focused primarily on the Womensline.

3.1 Womensline current process: triage and risk assessment

When a call comes into the DVConnect Womensline, the caller is triaged by a CIC in order to assess the needs of the caller and the level of risk to the caller's immediate safety. Telephone triage "is the practice of conducting a telephone interview to assess the urgency and severity of the patients symptoms".[16] However, DVConnect's telephone triaging has less emphasis on prioritisation and more emphasis on equitable access. Currently, telephone triaging is a practice that DVConnect "utilises to ensure that staff are responding to as many clients as possible who are wanting to assess the service".[17] When a CIC triages a caller on the Womensline the details are recorded on a paper form.

If a client indicates to the CIC that they are seeking "an immediate crisis response", the crisis intervention counsellor will undertake a full risk assessment. Risk is assessed based on a range of factors including the client's fear, perpetrator behaviour e.g. recent escalation of abuse, details about the most recent incident and practical information such as the client's access to a car, money and medications. If the client is assessed as being at risk the CIC will initiate a crisis response.

The **risk assessment** is undertaken using the established common risk assessment and referral tool for refuges and referral partners: the Domestic and Family Violence Risk Assessment and Referral Tool (DFVRART). The risk assessment details are hand written in the first instance, whilst on the phone to the client. Once the caller is entered into the system, the CIC conducts the risk assessment. The DFVRART is a subjective tool used as part of the prioritisation process.

As part of the risk assessment, the CIC will ask the caller whether they have called DVConnect previously. If the caller is an existing client, the CIC will search the Womensline Access database for the client's file.

Often the database search engine works too slowly and the CIC will put the caller on hold while they find the hardcopy file for the client. The hard files are generally stored in the filing library (Figure 22), however, there are a number of files waiting to be put away (Figure 23) which makes it difficult to find client details quickly.

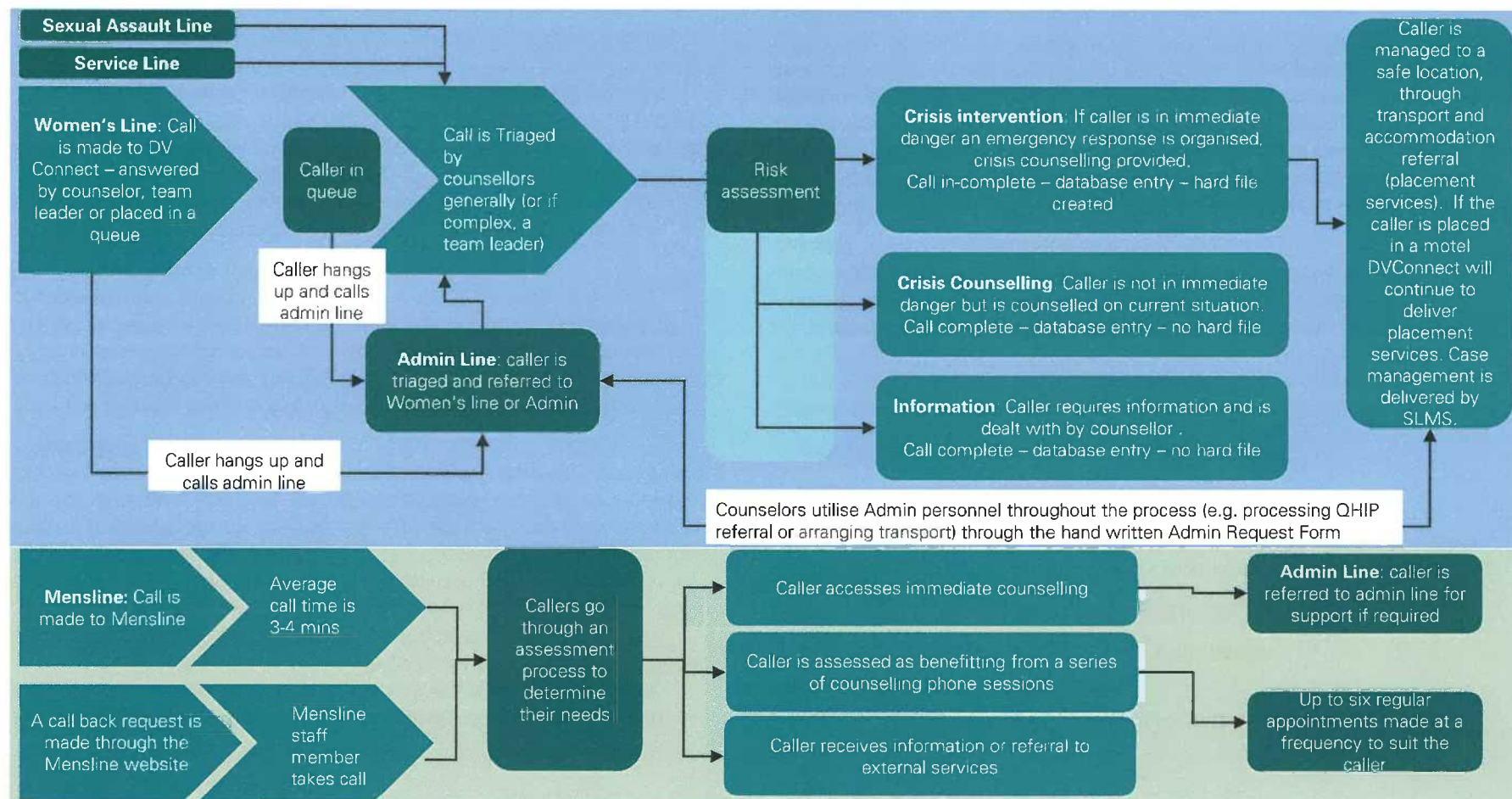*Figure 22 and 23: Filing Library at DVConnect*

Source: KPMG 2016

16. Medibank, Telephone Triage, Health Advice and Referral, https://www.medibankhealth.com.au/telephone-online.asp?id=102&t=Telephone+triage%2C+health+advice+%A7+referral++&cid=472.
17. DV Connect, Womensline Practice Manual p 127

3. Current state: business processes

3.2 Overview of process for DVConnect key lines of service

Figure 24 details the process for the Sexual Assault Line, the Service Line and Women's Line.

Figure 24: Diagrammatic Overview of the Key Service Lines

Sexual Assault Line

Service Line

Women's Line: Call is made to DV Connect – answered by counselor, team leader or placed in a queue

Caller in queue

Caller hangs up and calls admin line

Caller hangs up and calls admin line

Admin Line: caller is triaged and referred to Women's line or Admin

Call is Triaged by counsellors generally (or if complex, a team leader)

Risk assessment

Crisis intervention: If caller is in immediate danger an emergency response is organised, crisis counselling provided. Call in-complete – database entry – hard file created

Crisis Counselling: Caller is not in immediate danger but is counselled on current situation. Call complete – database entry – no hard file

Information: Caller requires information and is dealt with by counsellor. Call complete – database entry – no hard file

Caller is managed to a safe location, through transport and accommodation referral (placement services). If the caller is placed in a motel DVConnect will continue to deliver placement services. Case management is delivered by SLMS.

Counselors utilise Admin personnel throughout the process (e.g. processing QHIP referral or arranging transport) through the hand written Admin Request Form

Mensline: Call is made to Mensline

A call back request is made through the Mensline website

Average call time is 3-4 mins

Mensline staff member takes call

Callers go through an assessment process to determine their needs

Caller accesses immediate counselling

Caller is assessed as benefitting from a series of counselling phone sessions

Caller receives information or referral to external services

Admin Line: caller is referred to admin line for support if required

Up to six regular appointments made at a frequency to suit the caller

Source: KPMG 2016

3. Current state: business processes

For **existing clients**, the CIC will call the client back after they have located and considered the client's file. This process adds to the number of outgoing calls in response to an incoming call. The CIC will then work with the client to decide on the best crisis intervention strategy. Once this decision has been made e.g. to seek refuge, the crisis intervention counsellor will hang up, complete a new intake for the client by updating their details in the Womensline Access database and enter the details for the risk assessment into the Womensline Access database. The next step of the process depends on what type of crisis intervention the CIC and the client have decided upon. This is covered in the next section.

For **new clients**, the process is similar to that described above for existing clients however the CIC will not have to search for a file on the Womensline Access database or the physical file library. Instead, the CIC takes hand written notes whilst on the phone to the caller and completes the intake by creating a new client record in the Womensline Access database when off the phone.

As part of the intake and data entry into the Womensline Access database, the CIC will transcribe all case notes which are usually initially drafted on the back of the triage form into the Womensline Access database. Admin staff may also be asked by a CIC to complete the transcription of case notes into the Womensline Access database. To activate this, the CIC will submit a hand written Admin Request Form which details what the counsellor wants them to do. This form is then physically handed over to the Admin team for processing and execution of tasks.

In practice, **due to the high volume of calls**, the caller will be put into a queue and have to wait on the call to be triaged. The average wait time is not recorded but it is displayed in real time on the screens within DVConnect's office. During the onsite assessment of DVConnect, callers were waiting between 13 and 20 minutes to get through on the Womensline. In response to the waiting period the caller can take one of four actions:

- continue to wait until connected to a counsellor;

- abandon the call and redial the Womensline number;

- abandon the call and dial the Admin Line which, as described in section 2 is a separate phone line used for existing clients and other stakeholders to access DVConnect. The Admin Line is triaged by Admin staff rather than counsellors; or

- abandon the call.

There are also a number of calls that come through to DVConnect that do not relate to domestic and family violence. This is due to the strength of DVConnect's brand and the reputation that DVConnect has for helping everyone in need. The issue here is that calls from people who are not in crisis contribute to the large volume of calls to DVConnect and make it more difficult for people in crisis to get through.

While the data around call wait times and the number of non-DV related calls is unavailable, there is anecdotal evidence, collected during the onsite assessment at DVConnect, to suggest that the call wait times are significant and that **DVConnect would benefit from a more effective triaging system**. For example, the establishment of a dedicated team for triaging calls to the Womensline and entering preliminary notes into a shared information platform before the CIC takes over and addresses the woman's needs.

3. Current state: business processes

There is currently some prioritisation of clients through discussion with other counsellors and the team leaders. However, the call and the information being processed is not live or accessible to other counsellors during the phone call. If information was being recorded as it was collected, and there was greater capability for sharing of information in real time and in digital formats rather than in hard copy, this could enable more effective prioritisation of existing callers and reduce call wait times.

3.3 Womensline current process: crisis intervention

After the CIC has completed the risk assessment and made a decision, with input from the client, that there is a need for crisis intervention, the crisis intervention will be implemented, usually through one of the following options:

- for those in crisis seeking immediate danger – DVConnect counsellors will advise the client to ring the police after ascertaining if the client is safe to call 000 herself; or

- for those in crisis who have the opportunity to leave the current situation but require crisis intervention – DVConnect will assess accommodation options and other immediate needs of the client.

For women in crisis requiring immediate assistance and emergency accommodation, the CIC will then hang up the phone to assess accommodation options. They will look at the refuge availability board which is manually updated twice a day from CHART (see Figure 26).

There is no guarantee that the information on the refuge availability board is up to date as it is not live. As a result the CIC will ring the refuges to check availability. This gives the refuge managers the opportunity to "opt out" / reject the referral, before it is formalised through QHIP.

Figure 25: Refuge Availability Board

Source: KPMG, 2016

Current protocol indicates that a QHIP referral precedes a phone call however this is generally not a reality. The onsite assessment indicated that DVConnect staff usually call shelters before the QHIP referral is submitted. Additionally, consultations with shelters indicated that they strongly preferred to receive a phone call first because they do not have the staff to consistently attend computers to monitor QHIP.

Referral to refuge

If a refuge is available and the referral through QHIP is accepted by the refuge, this allocation will be updated on CHART and manually on the refuge board at DVConnect. In practice the Admin staff often send through the QHIP referral and enter the necessary data into QHIP. To action this the CIC will submit an Admin Request form to the Admin team to complete the necessary "paperwork". Some of this paperwork involves typing up data that could be directly entered while on the phone. However, CICs have been directed not to type while on the phone to a client.

3. Current state: business processes

The paperwork can include:

- copying the database information including the callers details and the case notes onto CHART;

- entering data for QHIP and sending the referral through to a shelter; and

- filling out a number of paper forms to be faxed or emailed to transport partners (taxis, Queensland Rail) to arrange transport to the refuge for a client.

Referral to motel

If a refuge is not available and all other accommodation options (e.g. friends and family) have been explored and exhausted then the client may be offered the option of a motel. Motel placements are usually offered by a CIC after consulting with the team leader, to confirm that there are no vacancies at Bridges or Sera's - the 72 hour refuges. The 72 hour refuges are seen as a good alternative to crisis accommodation

Figure 26: Motel Board at DVConnect

Source: KPMG, 2016

in a shelter because this model of service delivery is designed to provide women seeking safety with a 72 hour window in which to unpack their trauma and ongoing needs and develop a plan going forward, whether that be accommodation in a longer term shelter, housing assistance, returning home, independent living or moving in with family and friends. A more detailed case study of the 72 hour model is provided in Appendix B.

Motel placements are tracked on the motel boards (refer Figure 26). These boards provide a manual tally of the motel that each client is staying in and their length of stay. DVConnect has one resource whose sole job each day is to work to find placements for these women.

3.4 Womensline current process: case management

DVConnect and SLMS have dual responsibility for the case management of women in SLMS. In this capacity, DVConnect continues to be responsible for the motel brokerage and placement of the client but SLMS is responsible for the case management of women in motels as it relates to providing support such as assisting with access to medical services, assisting with Centrelink forms and housing applications. To facilitate this process, each woman who is accommodated in a motel is added to the SLMS Referral List by the Admin staff. The SLMS Referral List provides an indication of the support required for each client, the number of nights that they have been in the motel and whether or not a risk assessment and intake have been completed. The majority of the time the risk assessment and intake are completed before a client arrives at their crisis accommodation. However, depending on the level of risk that the woman is in and the volume of calls and work that DVConnect staff are dealing with, the risk assessment and intake may not be completed. This negatively impacts on the work undertaken by SLMS because they will be assessing the client with very little information.

3. Current state: business processes

It is important to note that placement and case management processes differ for each client. In non urgent situations, for example a woman from PNG who has fled violence in PNG but is in no immediate danger in Queensland, may be better assisted by Immigration Womens' Support Service.

3.5 Womensline current process: placement services

As mentioned earlier, DVConnect is responsible for the placement of women in motels. As such, although SLMS may take care of the day-to-day case management, DVConnect will still be in contact with the woman in a motel in order to advise her of the plan for longer term accommodation and check on her accommodation needs. When making a follow up phone call to a woman in a motel - DVConnect counsellors must follow a protocol to ascertain the woman is safe to talk in that instance. These phone calls add to the volume of outgoing calls but are designed to ensure that a woman is safe and that DVConnect can find her a suitable placement.

Crisis intervention concludes when a final place of safety is found for the woman and the woman has confirmed that they are in that place. If the women opts to return to the home, services would also conclude unless a child is of concern – this requires a child notice of concern to be lodged with Regional Intake Service within Child Safety. Given the lack of refuge vacancies in South East Queensland (refer Section 2) placement services is a resource consuming component of DVConnect's business processes. It involves calling refuges, checking CHART and completing a range of paperwork and transport arrangements.

3.6 Womensline current process: information and counselling

DVConnect is often utilised as an information source for women, their families and friends. If a caller is in need of information they call

through on the Womensline (as described in section 3.1.2) and are triaged by a CIC. DVConnect can provide information about available refuges, RDVS and what domestic and family violence is and its impacts. If there are no immediate needs or safety concerns, the call will be completed. DVConnect does not provide ongoing therapeutic counselling. For these kinds of services, DVConnect may refer to 1800RESPECT. In these instances, (or for referral to any other specialist service), DVConnect will collect case notes and ask the woman if they are comfortable to have these details passed onto the referring service to receive the information.

DVConnect does provide decision-making counselling, both before the woman has left the perpetrator and after. If a woman indicates that she wants to pursue an option such as apply for a Domestic Violence Protection Order, DVConnect will record this information in the database. This is the conclusion of the call at that point.

Other examples of where a caller might be referred to a specialist service include:

- referral to Legal Aid or Immigrant Women's Support Service;

- for those who have experienced sexual assault and are seeking assistance specific to sexual assault – DVConnect will engage the specialist sexual assault staff member and refer the client on to a specialist sexual assault service; or

- for men seeking assistance as either victims or perpetrators – DVConnect will engage the Mensline team.

3.7 Admin Line current process

As discussed in section 2, the Admin Line was established in 2014 to provide an alternative line for women who were being case managed by DVConnect (a responsibility recently shared with SLMS) to easily access information and support. The provision of this line enabled

3. Current state: business processes

existing clients to not have to wait in the queue for Womensline. It is currently estimated that around 80% of the activity on the Admin Line is for existing clients. The other 20% is general administrative enquiries from other stakeholders. Admin staff triage the calls coming through on the Admin Line, rather than a CIC, to ensure that the existing client is provided with information appropriate to their case or transferred quickly to their appropriate counsellor. This triage work is in addition to the CHART data entry, Access Womensline database entries and travel bookings that the Admin staff provide in order to support the CICs with responding to the Womensline.

Given that the Admin staff are already doing triage for a proportion of DVConnect's existing clients, it is possible that the wait time for the Womensline could be reduced through an increase in triaging resources. For example, having staff in a dedicated triage role to answer calls on the Womensline and undertake a preliminary assessment of women's needs in order to initiate more active prioritisation of calls before they reach the CIC.

3.8 Sexual Assault Line current process

If a caller to the Womensline indicates that they have been sexually assaulted they will be transferred to the dedicated sexual assault counsellor. For anyone who calls the Sexual Assault Line directly their call will be answered by a CIC and transferred to the dedicated sexual assault counsellor. After establishing if the caller is safe to talk, the counsellor will conduct a needs assessment.

Once the assessment is complete the caller will either be referred to a DVConnect counsellor for Crisis Intervention, a hard file will be created and the caller will go through the same process as the Womensline Crisis Intervention. Alternatively the caller will be counselled by the sexual assault counselor. The callers details will be added to the

database, the caller will be counselled on their specific issues then the call will be complete.

3.9 Mensline current process

If a male caller, or a family or friend of any gender, calls DVConnect seeking information about abuse inflicted on a male or assistance and support for perpetrators of domestic and family violence, they will be supported through Mensline. Callers to Mensline can:

- call Mensline directly (there is an average 3-4 minute wait time); or

- request a call back through the Mensline website.

Irrespective of the initial contact, the caller is then put through a risk assessment to determine the nature of the call and to ascertain the most appropriate response. From the risk assessment there are three responses:

- The caller accesses immediate counselling, to source an immediate resolution to the issue, the caller may be referred to the admin team for transportation and accommodation in coordination with the decided Mensline team. The manager of Mensline is also involved in decision regarding delivering a service that has a cost attached – e.g. transport and accommodation. A file will be created for this individual which will include intake information and case notes.

- If it is determined that the caller would benefit from a series of ongoing counselling sessions, up to six sessions may be set up for the caller at a time and frequency of their choosing. A file will be created and updated accordingly with case notes. The caller receives information and guidance on their situation and if it is determined that the client requires a specific service, a referral to another service may be initiated if appropriate.

3. Current state: business processes

3.10 Overview of the business process

Figure 27 provides an overview of the business process at DVConnect and highlights key areas where there are opportunities for improvements.

Figure 27: Overview of the Business Process at DVConnect and Key Facts
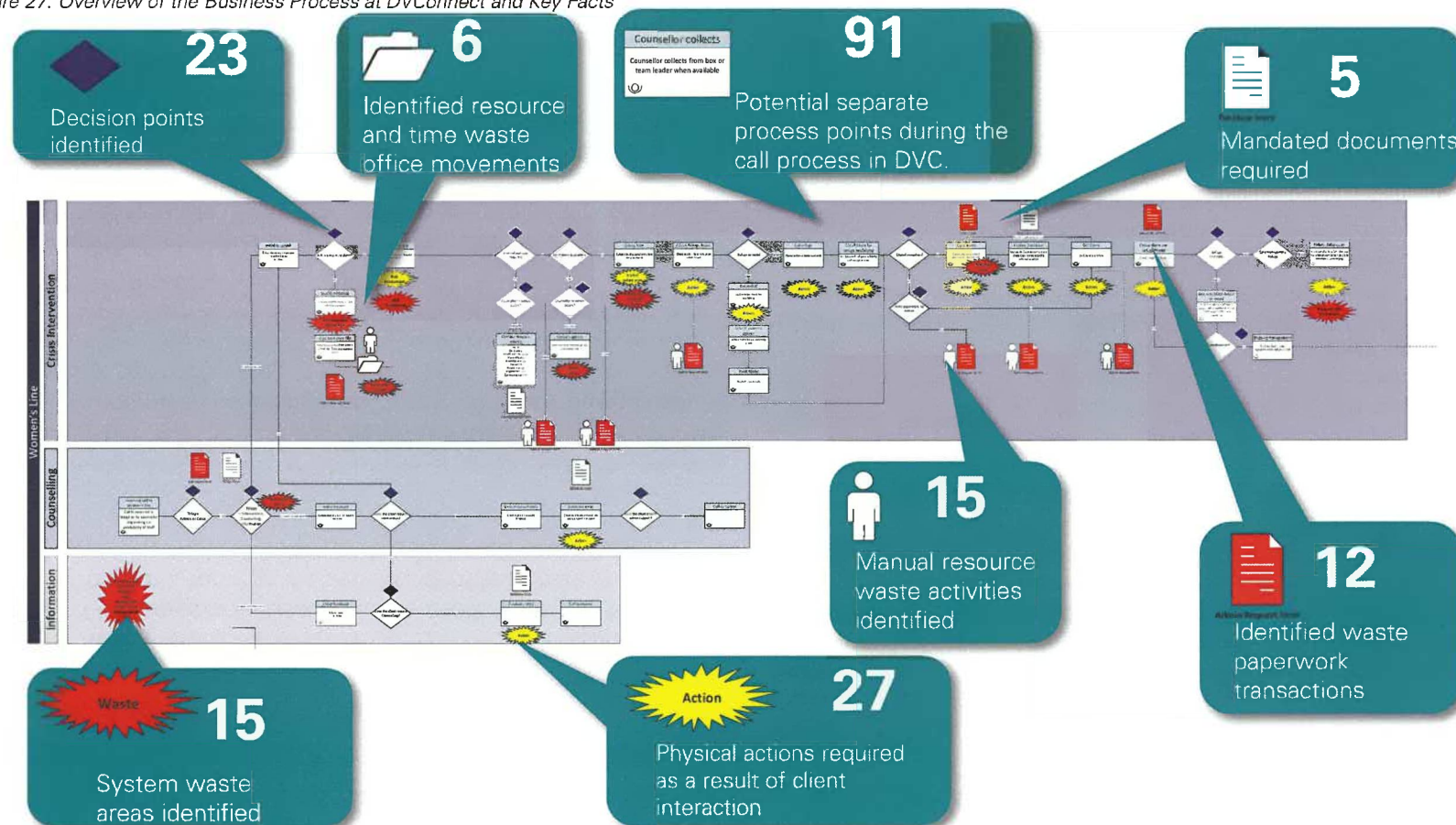
Source: KPMG, 2016

Document Classification: KPMG Confidential

3. Business process considerations

3.11 Impact of current business processes on efficiency

There are three key areas of inefficiency in the current business processes. All of these areas of identified inefficiency inhibit the speed with which CICs are able to respond to the needs of people trying to access DVConnect's services. All of these identified areas of inefficiency reduce response rates and increase call wait times.

Triage

Currently, there are six points of triage across all services. The triage is completed either by a CIC or a member of the Admin staff. All calls are answered in order with no prioritisation. Counsellors are being given information or non critical calls to deal with before potential intervention calls. This means that women at high risk and women in immediate need of intervention may be waiting in the queue behind women who simply require information.

A more robust and objective triage is required through a single line to effectively manage calls. This triage could involve an automated phone line that provides callers with options to self-select the service they need e.g. advice, crisis counselling, crisis intervention or case management (with the latter referred on to SLMS). A triage team could also be used to focus on efficiently segmenting the incoming calls based on need and priority.

Database

The database is currently too slow to respond to the requirements of the counsellors. The functionality is poor and there is no automatic search tool (drop down menu) to find return clients.

A new database is required to hold the personal information on the clients, enable direct data entry and automatic update, rather than cutting and pasting documents when there is available time or using additional staff resources (Admin staff) to complete paperwork and data entry. An updated database, ideally with functionality compatible with CHART is required to: reduce the time spent on administration that could otherwise be spent answering the phones; and to enable faster and more reliable data entry which would support the sharing of accurate data with stakeholders (e.g. SLMS and in CHART) which means that refuges and co-case management staff receive the right information about clients so that their needs can be appropriately addressed.

Placement services

DVConnect carries out placement services for women with immediate need of intervention and also for women who have been temporarily housed in motels. This is a resource intensive part of DVConnect's business, not just because there is not live feed of CHART but also because there are few vacancies in the South East corner of Queensland and it is difficult to find places for the volume of demand from women in need of crisis accommodation.

A live feed of CHART would help to improve business processes and make the process of checking availability faster and easier. However, DVConnect also needs to dedicated resources to this process and create a dedicated 'team' to more efficiently and effectively meet the needs of women in motels who require longer term accommodation.

Resource and time wastage

A significant amount of time and resource is consumed through mandated report filling and movement around the office. This includes utilising hand written notes and manual updates for the refuge board, the requirement for the hand written Admin request form and Hard Copy files to be created.

3. Business process considerations

Consideration should be given to the utilisation of soft copy formats and a more intelligent and IT literate filing system. Additionally, direct data entry (i.e. while on the phone) would speed up processes significantly to enable more calls to be answered. In respect of the administration side of things, it would also be helpful if staff could utilise more online systems. For example, booking train, taxi and plane tickets online with a corporate card that enables expenses to be tracked but does not require a high level of paperwork, could reduce the time taken to book transport significantly.

3.12 Observations of other contact centres

As part of the consultation and research for this report, KPMG considered the experience of other contact centres to identify any opportunities that could be applied to DVConnect.

1800RESPECT

1800RESPECT aims to increase access to and responsiveness of services for individuals who have experienced domestic and family violence and sexual assault. The Australian Department of Social Services funds Medibank Health Solutions (MHS) to operate 1800RESPECT and MHS subcontracts and funds Rape and Domestic Violence Services Australia (R&DVSA) to deliver specialised counselling services.

KPMG recently undertook a review of 1800RESPECT in response to high call abandonment rates (78%). KPMG recommended that a trauma-specialist triage team be established to improve the speed and effectiveness of the triage function. Implementation of the new triage function has resulted in a reduction in call abandonment rates to 44% and a reduction in call wait times from 10 minutes to 35 seconds.[18]

18. KPMG conversation with the Department of Social Services 19 January 2017

Immigrant Women's Support Service (IWSS).

The IWSS is a community based organisation providing a domestic violence and sexual assault service response to women and children of non-English speaking backgrounds.

Similar to DVConnect, the IWSS is a contact centre that aims to provide culturally appropriate support, information, short-term counselling and facilitated referrals. To improve the efficiency with which the IWSS responds to the needs of clients, the IWSS recently instituted a new business processes which involved directing staff to type while on the phone to a client.

This involved some cultural change in the workplace but has successfully reduced duplication of the data entry process and enabled important client information to be entered straight into IWSS systems. This process facilitated faster referrals and faster completion of administrative tasks necessary to addressing the needs of IWSS clients.

Domestic Violence Action Centre (DVAC)

DVAC provides a range of services for women and children impacted by domestic violence. These services range from crisis support, counselling, group work, court support and educational activities.

DVAC has a customer relations management (CRM) provider, MHS, which has a sophisticated telephony platform and digital platforms which is something DVConnect currently lacks. The new client management system allows the storage of client details and provide a platform for staff to easily search for client information when they re-present at the service after an initial interaction.

3. Business process considerations

This means that staff do not have to handle paper files to access client information but can instead access client details quickly and easily through the CRM. The CRM also enables expedient production of reports to analyse the quantity and type of services being delivered as well as client profiles.

Safe Steps

Similar to DVConnect, Safe Steps is a Victorian, 24 hours a day, seven days a week contact centre for women and children experiencing family violence. The Safe Steps business model is similar to DVConnect in that Safe Steps not only provides advice and counselling but also placement services for women and children in danger. Around 60 per cent of Safe Steps clients require immediate intervention, and therefore placement services.

For every call received, operators at Safe Steps perform a rapid risk assessment (RRA) which involves a 5 to 7 minute assessment to determine whether a women is in immediate danger or a safe place. If a woman is in immediate danger, an emergency response is arranged (for example, transport). If, after a RRA, it is determined that the woman is in a safe place, a same day appointment is made to undertake a more in-depth, one to one and half hour safety assessment. Of this group, around 50 per cent will end up being accommodated at the time of their longer safety assessment. This business practice has enabled Safe Steps to effectively prioritise clients without compromising the services and support offered to women in immediate danger.

The following section describes the current state ICT for DVConnect before making recommendations on the optimal operating model in Section 5.

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KPMG

Section 4:
Current state: ICT

4. Current state: ICT

A current state assessment was undertaken to understand DVConnect's ICT environment and to identify opportunities and gaps to be addressed by a future state design.

4.1 Background

DVConnect's ICT environment was established three (3) years ago when the organisation moved into its current premises.

Since that time, demand for DV Connect services has increased significantly and now key ICT capabilities are unable to effectively support call volumes and associated client information management requirements.

Critically, the key client database system (*Womensline Access database*) and the telephony system are no longer fit for purpose.

4.2 Key supplier

DVConnect's telephony, desktop PCs, data communications and technology requirements are supported by vendor *Managed Solutions.*

Managed Solutions designed and implemented these existing capabilities and continues to provide break-fix support and maintenance services to DVConnect.

Overall the network and desktop environments are contemporary and reliable, with the quality of service and commitment provided by *Managed Solutions* well regarded by DVConnect stakeholders.

The service contract between DVConnect and *Managed Solutions* is nearing full-term which presents an opportunity for DVConnect to review ICT service requirements and to contest these services in the marketplace if required.

4.3 Technology environment

Key components of the technology environment include:

- 35 desktop computers which are about three years in age and are installed with the latest Windows operating system and Microsoft Office applications.

  Desktop computers are used as 'thin clients' where applications are run from a server rather than being stored locally. This strategy can extend the useful life of desktop PC's but can also result in reduced performance at times.

- Desktop PCs are close to the end of their warranty period. Replacement options are to be considered by DVConnect before January 2017.

- DVConnect's physical servers exist within the *Managed Solution's* private cloud which is distributed across two Brisbane based data centres.

- ICT Disaster recovery considerations have been incorporated into the design of the technology environment, with data replicated across two data centres at fifteen minute intervals. In the event or an outage and/or incident, DVConnect can continue to provide services using the secondary data center, with limited impact.

4.4 ICT governance

Observations relating to ICT governance include:

- A documented ICT strategy provides clear direction for ICT investment and an essential reference for effective ICT governance. DVConnect does not currently have a documented ICT Strategy or a designated ICT leader or strategic ICT partner to develop such a strategy.

- To effectively plan ICT investment, it is typical for organisations to develop strategic roadmaps for business critical ICT capabilities. DVConnect does not have defined ICT roadmaps or an active investment governance framework. As a result, investment in ICT is performed on an as-needs basis.

4. Current state: ICT

4.5 ICT Risk management

ICT risk management ensures that related risks are visible and actively managed and mitigated. DVConnect does not have an ICT risk management framework. As a result key risks such as those relating to disaster recovery or information security (as examples) are not defined or assessed, and therefore it is unclear whether existing mitigations are adequate.

4.6 Applications architecture

Information systems architectural growth within DVConnect has been organic and divergent. The current ICT application architecture is made up of a small number of ICT applications that have limited integration points, require exhaustive data entry, multiple sources of truth and instances of duplication in data sets facilitated by multiple cases of data entry and re-entry.

4.7 Core ICT capabilities

DVConnect's operations are critically supported by three ICT capabilities that include the:

1. Womensline database;

2. telephony system; and

3. ICT networking and data storage infrastructure.

Following is a detailed assessment of the functional and technical quality fopror the above three ICT capabilities.

4.7.1 Womensline

The Womensline database is an information capture tool utilised by DVConnect to record all personal, case and risk assessment information captured during crisis intervention calls. The database

was developed in-house by DVConnect to enable the collation of business information and to facilitate meaningful reporting.

The database is extensively used by all team members and whilst information is captured on paper files as well, the *Womensline database* is considered to be the single source of truth for all case management information.

There is agreement across the DVConnect team that the data contained within the Database is reliable despite having evolved and expanded over time.

The *Womensline database* is critical to business operations and is therefore required to be highly available.

Womensline functional quality

Observations regarding the Womensline Access database functional quality are:

- The systems user interface is not designed for speedy data entry and requires significant user input and navigation to complete the necessary data entry requirements to support the intake assessment.

- The database was developed by an individual rather than a company, and as such DVConnect is reliant on this individual for maintenance, support and development requirements. There is no commercial service level agreement and/or other mechanism in place with this individual to ensure continued support . Without this, database issues may not be resolved in a timely manner leading to extended outage periods and potential disruption to call centre services.

- The database is configurable by DVConnect team members within the production environment. Allowing uncontrolled changes to be made to the production version jeopardizes the database's integrity and could contribute to significant systems performance issues, data loss or system outages.

4. Current state: ICT

- Counsellors are experiencing performance degradation issues and slow response times when performing database queries.

- There is complete reliance on the Access database and its record keeping functionality to deliver crisis intervention services. In the event that the database is inaccessible, counsellors revert to capturing information through handwritten notes.

- There is limited data entry compliance and reporting which impacts the ability to assess the quality and reliability of information recorded within the database. Generating reports is limited due to poorly captured information.

- The absence of robust reporting limits DVConnect's ability to measure and effectively manage their service demand, counsellors performance and resourcing requirements

Figure 28: Womenline Database Functional Quality
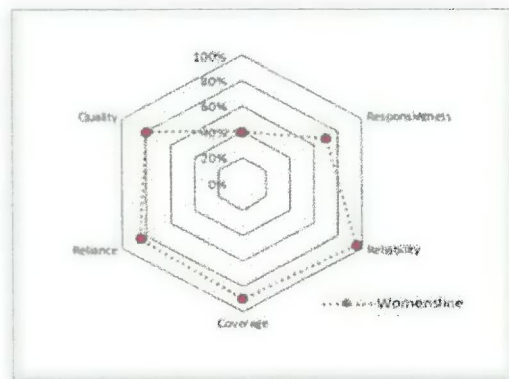
Womensline technical quality

Observations regarding the Womensline Access database technical quality are:

- The database is flexible to support the capture of changing information requirements.

- The Access database is a standalone application that is not designed to integrate with or automatically pass data to the DPHW QHIP database. This situation requires counsellors to manually duplicate client information and case notes within QHIP.

  Whilst counsellors seek the assistance of the administration team to perform the duplication, this inefficient process has reduced the team's ability to focus on supporting the triage process and refuge allocation process.

- Minor configuration changes are able to be made to the database without significant downtime being experienced, however major enhancements to the functionality of the database due to changing business requirements cannot be performed.

Figure 29: Womensline Database Technical Quality
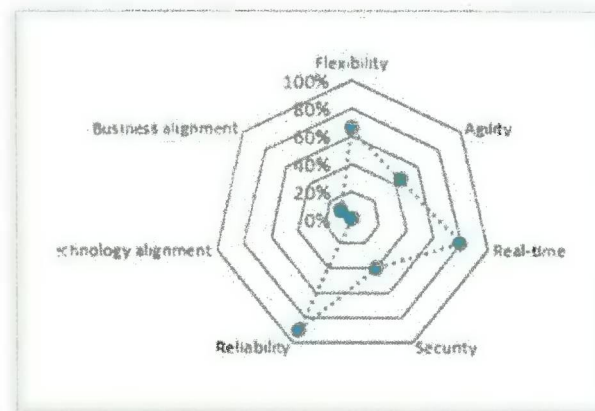
4. Current state: ICT

4.7.2 Telephony

The Telephony system - the Hybrex telephony system enables call centre functionality and is critical to the delivery of DVConnect's crisis intervention services. This digital solution provides the backbone infrastructure and configuration tools that support numerous extension numbers, call queuing and call logging/reporting. The system is owned by DVConnect and is supported by *Managed Solutions*.
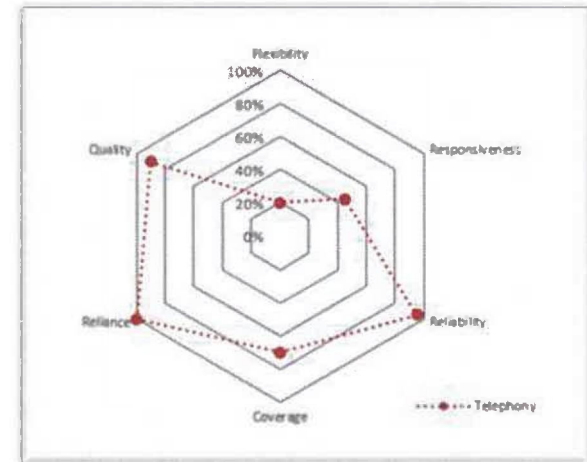
Telephony functional quality

Observations regarding the Telephony functional quality are:

* The phone system is no longer fit for purpose and unable to support high volume call centre demands. The increased call volumes experienced by DVConnect has rendered the current phone system ineffective.

* No caller identification is built into the system. Without this functionality, DVConnect do not have visibility of the number of new vs repeat callers. This may limit DVConnect's ability to analyse call data and trends in calls.

* The system does not support an integrated login whereby phone extensions are attached to an employee rather than a static desk. Without this functionality in place, performance reporting for all telephone extensions cannot be extracted and analysed;

* Overflow lines do not exist to support DVConnect during high demand periods. Without overflow lines in place to redirect callers to other local support agencies and/or other areas.

* The on premise implementation of the phone system does not provide adequate redundancy in the event where the street address is interrupted by an outage and/or incident. Whilst DVConnect are able to redirect all intervention support calls through to a secondary number, this is not an optimal solution during a sustained outage.

* The phone system located at the street address is connected to the voice infrastructure by one physical data communications link. We note an active radio link provides redundancy in the event of an outage. However, stress testing of the link has not been performed to determine whether this option can cater for call demands in the event the physical link is unavailable.

Figure 30: Telephony System Functional Quality

Source: KPMG, 2016

* There are only 2 to 3 people identified within Managed Solutions who have oversight of the telephony system and its functionality. Support limitations exist whereby outages to the phone system may not be resolved within the minimum tolerable outage timeframes (which may not be currently defined between DVConnect and Managed Solutions).

### Telephony technical quality

Observations regarding the Telephony technical quality include:

* The phone system does not integrate with the Access database and/or other solutions for prompt recall of client records upon receiving a call. Caller identification and record retrieval is not achievable or cost effective with the current phone technology.

* The telephony solution is not flexible to significant configuration changes and/or the introduction of additional functionality to meet evolving business requirements.

4. Current state: ICT

- Should DVConnect want to integrate the telephony system with applications to improve business efficiency and effectiveness, a new telephony system is required.

Figure 31: Telephony System Technical Quality
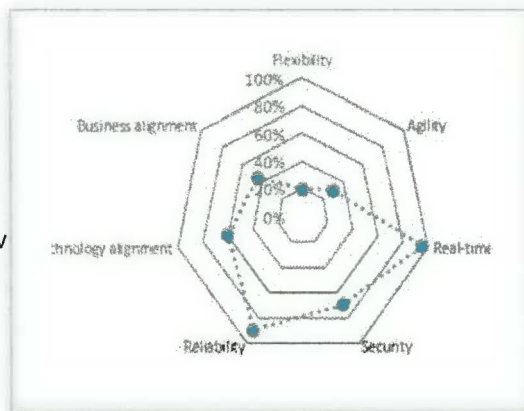
Source: KPMG, 2016

4.7.3 ICT networking and data storage infrastructure

ICT infrastructure - The underpinning ICT infrastructure landscape is provided by Managed Solutions and is a contemporary infrastructure that creates a platform for service delivery which DVConnect is leveraging.
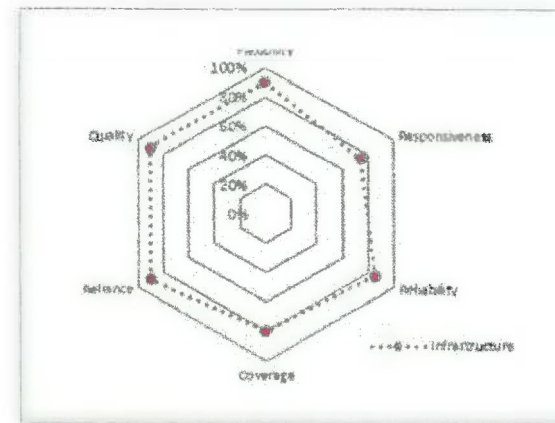
ICT networking and data storage infrastructure functional quality

Key observations regarding the infrastructure functional quality include:

- DVConnect is less likely to experience significant outage times should the server/s become unavailable as all physical servers owned by DVConnect are still within their vendor warranty periods.

- DVConnect desktop devices are about to reach the end of their warranty period. Should DVConnect choose not to replace these devices with new devices under another warranty period, an increase in the number of faults and/or incidents may be experienced as a result of aging hardware. Resolution costs will not be covered by warranty.

Figure 32: Infrastructure Functional Quality

- ICT disaster recovery testing across the ICT landscape has not been performed. Without these tests being regularly scheduled, the recovery requirements of critical systems or ICT infrastructure cannot be understood and therefore appropriately managed.

Source: KPMG, 2016

ICT networking and data storage infrastructure technical quality

Key observations regarding the infrastructure technical quality include

- The ability to leverage additional hardware from *Managed Solutions* (when required) ensures that ICT can be adapted and scaled to meet DVConnect's increasing demands.

Figure 33: Infrastructure Technical Quality
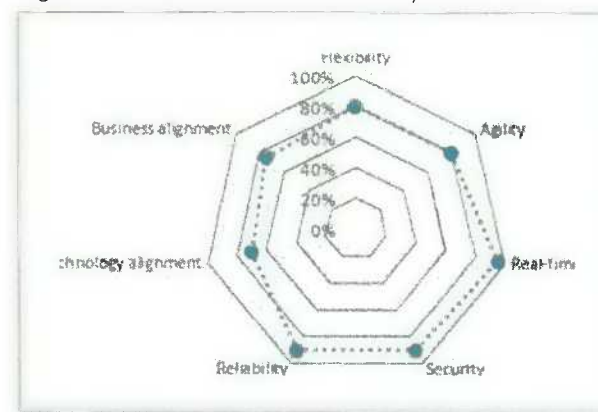
- DVConnect's physical hardware is located within two Managed Solutions data centres that interface with each other in real time to achieve maximum availability. *Managed Solutions* has a 99% availability target in place and have configured the

Source: KPMG, 2016

4. Current state: ICT

hardware to ensure this metric is achieved.

- The *Managed Solutions* platform is both stable and reliable, with no major hardware outages experienced by DVConnect.

- DVConnect's utilises modern technologies and does not possess any legacy and/or significantly aged infrastructure. As a result, a level of agility associated with newer technologies is able to be achieved in the event DVConnect require rapid ICT changes.

- An assessment over the security levels within the Managed Solutions data centers where DVConnect's hardware is located is not transparent.

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KPMG

Section 5:
Operating model

5. Introduction to the operating model

## 5.1 Core components operating model

The current state assessment has demonstrated that DVConnect is dealing with significant increases in demand and that this is straining resources and impacting on service quality and responsiveness.

The review of DVConnect's business processes and ICT systems has also identified a range of opportunities which could improve overall efficiency and effectiveness. Using the results of this analysis and drawing on insights from our experience with other similar organisations, KPMG has developed an optimal operating model for DVConnect.

An operating model provides a high level representation of how an organisation can best be organised to more effectively and efficiently deliver on it strategy. The operating model that has been developed addresses the following key components:

- business processes;
- ICT requirements;
- organisational structure/people;
- governance; and
- service mix.

Figure 34: Operating Model

Source: KPMG, 2017

Document Classification: KPMG Confidential
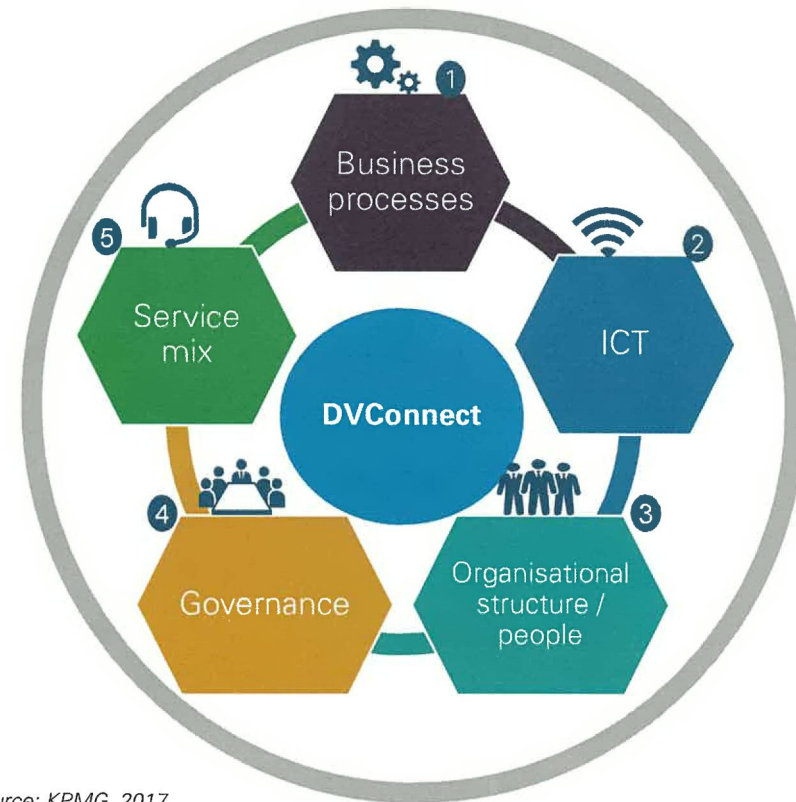
5. Operating model

Business processes

In an environment of escalating demand, it is imperative that DVConnect's business processes are operating efficiently and effectively to support a timely and effective service response. A number of specific improvements have been identified to DVConnect's business processes for consideration in the new operating model including:

- Introducing a new triaging process to more effectively prioritise calls, manage demand and reduce delays in responding. Primarily, this will mean introducing a triage team of CICs whose sole responsibility is to triage incoming calls. This would be supported by an updated policies and procedures manuals which sets out and guides staff on all of DVConnect's services.

- Reducing double manual handling by automating functions including establishing an online travel booking system and displaying QHIP information on a real time basis via a televised screen.

- Changing the way the placement process is currently managed with dedicated resources .

- Integrating the Access Womensline database and the Common Homelessness Assessment and Referral Tool into one system.

- Improving the systems for managing and storing client information and digitizing filing systems.

- Allowing staff to perform data entry functions at the time of call to save time and avoid having to repeat the collection of information.

Note that the changes are based on the current service delivery mix being maintained.

The review also identified issues with DVConnect's current risk assessment process including perceived inconsistencies with subsequent risk assessments undertaken by agencies involved in accommodating women in refuges and motels. The new state-wide risk assessment tool currently under development should address these issues. As such it is not proposed at this stage, that DVConnect depart from using the Domestic and Family Violence Risk Assessment and Referral Tool which is a well recognized and applied tool.

ICT

An assessment of the current state ICT operating environment in conjunction with DVConnect's ICT future state aspirations identified a number of opportunities for inclusion within the target operating model.

Key ICT features within the proposed target operating model include:

- client information that is digitally recorded, stored centrally and easily accessible by all DVConnect Counsellors;

- an ICT strategic planning capability that supports the creation and execution of the initiatives included within the ICT Strategy;

- an effective IT Disaster Recovery plan that supports DVConnect to continue business operations (at an agreed level of service) in the event of an outage and/or business disruption;

- a telephony system that supports a high volume call centre and enables an automated triage process; and

- an automated integration between DVConnect information systems and the Queensland Homelessness Information Portal system to remove the need for Counsellors to double handle client information

An illustration of the ICT capabilities that make up the current state and future state ICT operating model is depicted in the figure overleaf.

5. Operating model

Figure 35: Current and Future State ICT Operating Environment
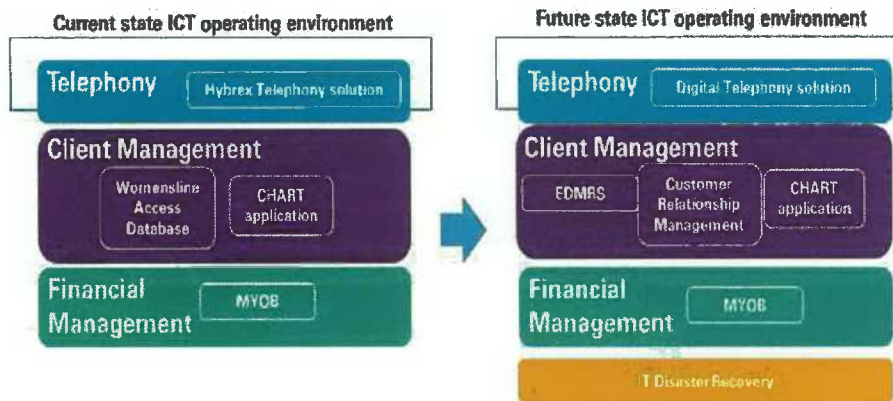
Source: KPMG 2017

Organisational structure/people

While a detailed review of DVConnect's organizational structure and staffing was out of scope for this review, a number of staffing implications have been identified as part of the business process review component.

For example, the new triaging process would be associated with the establishment of a dedicated triage team of CICs who would be responsible for triaging all incoming calls. More detail is outlined in the following sections.

To support changes to placement processes, it is also suggested that a dedicated placement team be established. The team would have sole responsibility for managing the placement of women in crisis who require emergency accommodation including liaising with refuges.

More broadly, it is recommended that DVConnect undertake a detailed organisational review of its current structures and staffing.

arrangements to ensure they are aligned with the revised business processes

Governance

Strong governance is key to any organisation succeeding and sustaining its core business.

Again, the review did not provide the opportunity to undertake a detailed review of current governance arrangements within DVConnect including the size and composition of the Board or the level of oversight and direction provided by the Board or Senior Management over the activities of DVConnect.

Based on what was observed, corporate governance arrangements are generally considered to be operating effectively to support DVConnect's operations. However, there were issues identified with financial management and in particular the capacity to manage budget pressures associated with the increased demand for emergency motel accommodation.

Tighter budget controls should be put in place to manage cost over-runs including regular monitoring and reporting to senior management and the Board.

The changes that have been recommended to ICT in particular the introduction of a new telephony system and CRM should assist DVConnect in generating more accurate and reliable data to monitor its financial and non-financial performance.

This should also assist in providing improved information to the Department as the primary funder of DVConnect and enhance overall transparency and accountability. A dedicated contract/performance manager within DVConnect could also be considered to provide an increased focus on generating quality data for reporting purposes.

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5. Operating model

The changes to business processes and ICT are significant and it is critical that ongoing service delivery is not disrupted while these changes are being implemented.

Specific governance arrangements should be considered to manage the transition to the new operating model including establishing a dedicated transition team and an independent IT advisor to assist with objectively evaluating ICT solutions and any new contracts with potential suppliers.

Service mix

DVConnect unlike many other contact centres, manages the placement of women in safe accommodation as well as providing counselling and support to people ringing for assistance. With the large number of women being placed in motels and the shortage of refuge places, resources are becoming increasingly consumed with managing the placement function.

As such, it may be beneficial to consider a review of DVConnect's continued role in this particular area especially its ongoing placement role for women who have been placed in motels. A review of DVConnect's service mix could consider whether placement services is a function that could be more efficiently delivered by a partner organisation.

Another key aspect that the review was asked to consider is the role of services like Pets in Crisis and the training programs offered by DVConnect. While these programs may not be considered core business, they perform a complementary role and indeed, the Pets in Crisis program is viewed very positively by staff and stakeholders.

DVConnect's training program is a self-funding program which operates on a user charges basis and again, is viewed very positively by

stakeholders. The review found no evidence that either Pets in Crisis or DVConnect's training program were impacting on its ability to deliver on its core business of supporting people who are seeking to escape domestic and family violence.

In terms of DVConnect's core service lines: the Womensline, Sexual Assault Line; and the Mensline, it is recommended that they be maintained but with changes to the triage process for the Womensline (which is dealt with in more detail in the business process section) and removal of the separate Admin line that sits under the Womensline.

The following section sets out in more detail the proposed changes associated with the operating model, the expected impacts/benefits and indicative cost implications.

The majority of the costs identified are associated with ICT upgrades and it should be noted that actual costs would need to be tested through a procurement process.

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5. Operating model: business processes

5.2 Detail on the operating model

The section sets out in more detail the proposed changes associated with each component of the operating model.

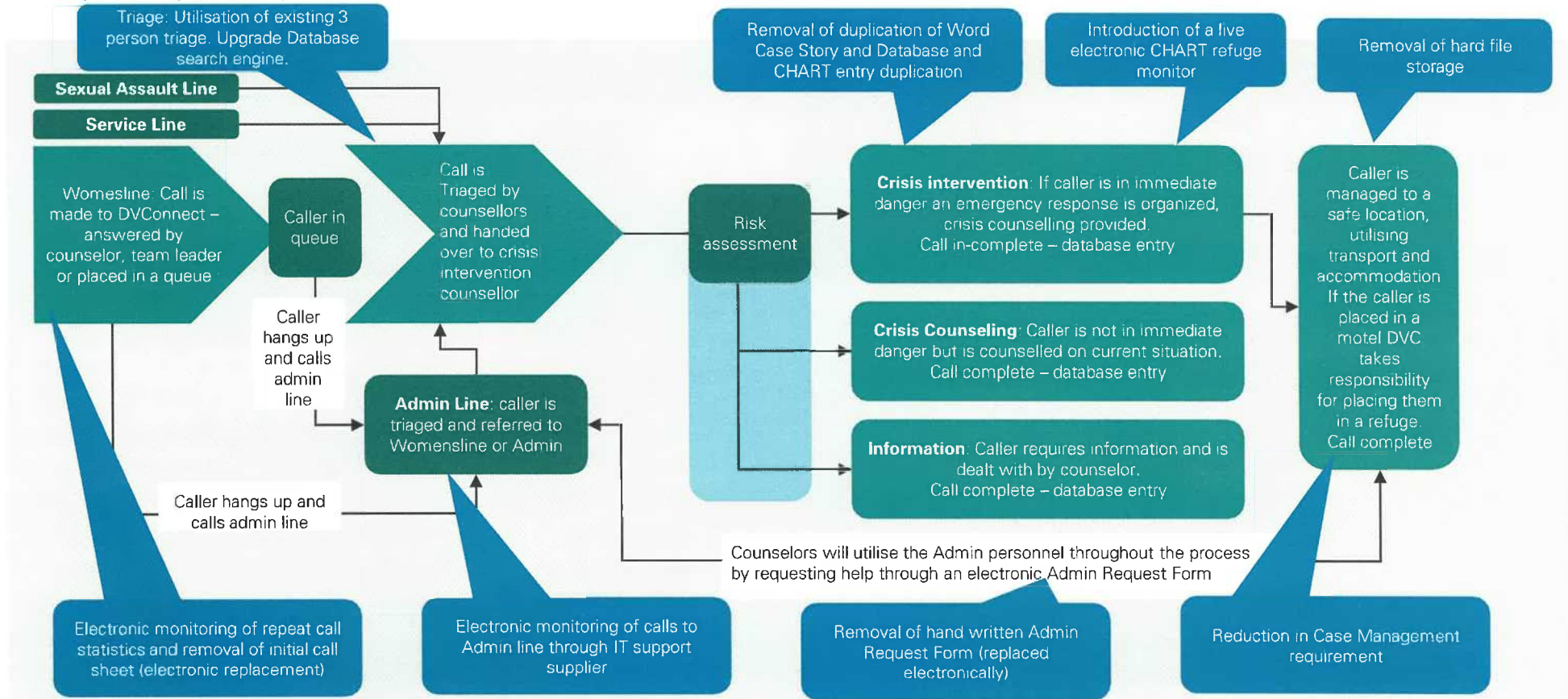| Key activities	Expected impacts/benefits	Financial implications
Introduce a new triage system This would mean all calls for the Womensline would come through the one line (rather than through the Womenslne and Admin line as is currently the case). Calls would be triaged by dedicated counsellors and directed as appropriate, depending on the assessment of the clients needs. It would require the establishment of a dedicated triage team of counsellors of at least two people who would be responsible for segmenting incoming callers based on priority, complexity of need and type of service required e.g. advice, crisis counselling or crisis intervention and placement services. *This approach is largely based on the new 1800RESPECT triage process and there are other approaches would could be considered. For example, Safer Steps in Vic has a triage model where people requiring advice are called back at an appointed time and people requiring crisis intervention are transferred straight through to a counsellor.*	• Improved response times (1800RESPECT reduced its call abandonment rate form 78 per cent to 44 per cent) • Reduced call waiting times (1800RESPECT reduced call wait times from 10 minutes to 35 seconds) • Reduction in repeat handling of calls across counsellors and admin staff	• 1800RESPECT implemented its new triage system within existing staffing resources • The costs of two dedicated staff are estimated at ~$160,000 for two staff to be quarantined for triaging. This estimate is based on estimates from DVConnect for salary costs for a CIC. • The costs associated with the new telephony system which would be a key enabler of the new triage system are set out in the following sections.

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5. Operating model: business processes

Key activities	Expected impacts/benefits	Financial implications
Implement streamlined business processes. Adopt quick wins in business processes by introducing: • digital filing; • a shared digital platform; • an online travel booking system; and • a screen to display QHIP to better inform placement processes.	• Improved staff productivity with admin staff spending less time processing paper forms and requests for assistance • Enhanced responsiveness with data entered directly into a shared platform by CICs. • More efficient and faster travel booking processes to support the increasing numbers of women who require travel assistance • Better, more timely and visible information available to staff on refuge availability	• These changes are expected to ultimately lead to savings in running costs for DVConnect with the reduction in time spent by staff on cumbersome manual tasks and double handling. • Upfront costs to support these new business processes are mainly related to ICT and detailed in the ICT section.
Introduce a new dedicated placement management process. This would be supported by a dedicated placement team of at least two people which would take over managing all interactions with accommodation providers.	• Better coordination of placement function with refuges and other agencies • Better prioritisation of accommodation and consistency of risk assessment processes • Avoids multiple parts of the business needing to being involved in placement, • More efficient filling of places and enhanced information sharing	• Estimate additional costs of around ~$160,000 for two staff to be quarantined for providing placement services. • This estimate is based on estimates from DVConnect data for salary for a CIC or Admin staff member. It may be possible to transition existing Admin staff if efficiencies can be realized from other process improvements.

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5. Optimal operating model

Figure 36 is a diagrammatical representation of the optimal operating model identifying key areas of improvement including addressing areas of waste to help realize greater efficiencies.

Figure 36: Diagrammatic Representation of the Business Process

Triage: Utilisation of existing 3 person triage. Upgrade Database search engine.

Removal of duplication of Word Case Story and Database and CHART entry duplication

Introduction of a live electronic CHART refuge monitor

Removal of hard file storage

Sexual Assault Line

Service Line

Womesline: Call is made to DVConnect – answered by counselor, team leader or placed in a queue

Caller in queue

Call is Triaged by counsellors and handed over to crisis intervention counsellor

Risk assessment

Crisis intervention: If caller is in immediate danger an emergency response is organized, crisis counselling provided. Call in-complete – database entry

Caller is managed to a safe location, utilising transport and accommodation If the caller is placed in a motel DVC takes responsibility for placing them in a refuge. Call complete

Caller hangs up and calls admin line

Admin Line: caller is triaged and referred to Womensline or Admin

Crisis Counseling: Caller is not in immediate danger but is counselled on current situation. Call complete – database entry

Information: Caller requires information and is dealt with by counselor. Call complete – database entry

Caller hangs up and calls admin line

Counselors will utilise the Admin personnel throughout the process by requesting help through an electronic Admin Request Form

Electronic monitoring of repeat call statistics and removal of initial call sheet (electronic replacement)

Electronic monitoring of calls to Admin line through IT support supplier

Removal of hand written Admin Request Form (replaced electronically)

Reduction in Case Management requirement

Source: KPMG 2016

5. Operating model: ICT

Key activities	Impacts/benefits	Financial implications
Introduce telephony headsets and silent keyboards for use by the Counsellors during phone calls. Procure telephony headsets and silent keyboards to reduce sounds that may disrupt the quality of conversations with clients and provide Counsellors with the confidence to record information while in conversation with clients.	• A reduction in the number of handwritten notes which saves time and reduces opportunity for error in transferring notes from hard to soft copy. • An increased number of CICS attending to the call wait queue rather than focussing on recording client notes electronically following a phone call	• ~$2400 for 40 soundless keyboards for use across the organisation • ~$6,000 for 40 headsets across the organisation • ~$1,600 for a television screen • ~$0 for establishing online booking system for travel and transitioning away from paper-based faxing or emailing of scanned forms.
Develop an integration link. Develop an integration link between the Womensline Database (DVConnect) and the CHART application (DHPW) to automate the replication of common information sets between the two (2) systems	• Reduced time spent by CIC in the handling of information • Opportunity for staff focused on capturing information within CHART to be redirected to other activities • Accurate and timely recording of data within CHART	• Upfront cost of ~$30,000
Design the IT Disaster Recovery capability. Design a disaster recovery capability that has the capacity to provide business continuity and an agreed level of service during a disaster event (where the main office becomes unavailable). This capability should include consideration of ICT and counsellor seating requirements and demonstrate alignment to the overarching DVConnect Business Continuity Plan.	• Desired level of service continuity during disaster scenarios • Roles and responsibilities during an outage are defined, including alternate working arrangements.	• No financial impact anticipated.

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5. Operating model: ICT

Key activities	Impacts/benefits	Financial impacts
Review ICT support arrangements. Review ICT support / managed service arrangements against a confirmed statement of service requirements. DVConnect should assess options for managed support services in the market place.	• Opportunity to revise the current contract to include measureable service level agreements so as to achieve greater service support • Progress towards a sustainable and supported ICT environment.	• Financial impact to be noted, however cannot be quantified without engaging the market and suitable managed service providers

Implement a new telephony system designed for a high volume call centre application and that includes the following minimum capabilities:
• Voice over IP
• Caller identification
• Integrated PC and telephone login
• The ability for an overflow line to similar support agencies during periods of high call volumes experienced by DVConnect; and
• An automatic triage system that enables women to choose between options based on self-identified need.
	• Greater flexibility in respect to how and where Counsellors work and answer calls
	• Reduced time invested by counsellors in establishing caller identification
	• Significant uplift in crisis call management and efficiency
	• Accurate and timely reporting of DVConnect service operational and strategic performance indicators
	• A reduction in the number of callers using different lines to workaround call wait times.
	• A reduction in the call abandonment rate with the introduction of an overflow line to other agencies in the event DVConnect are experiencing an increased period of demand
	• Enhanced reporting of:
	  • Call statistics for counsellors (for use in performance reporting)
	  • Average call wait times
	  • Call abandonment
	  • Average call duration; and
	  • Repeat callers.
		• Upfront cost of $30,000
		• Ongoing costs ~$6,000

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5. Operating model: ICT

Key activities	Impacts/benefits	Financial impacts
Develop ICT needs assessment and options analysis for a CRM and EDRMS solution. Identify and select a vendor/s for the CRM and EDRMS solutions by performing a market scan and system selection process. DVConnect should seek assistance from an independent third party to: (1) Define DVConnect's business requirements; (2) Perform a market scan and develop a statement of work that will support market engagement and analysis; (3) Assist with evaluating and selecting a solution that best meets defined business requirements.	• Additional support to identify and select vendors in the market that best meets DVConnect's customer management and document management requirements without the need to redirect current resources to engaging in this activity	• One off cost of $100,000
Implement a Customer Relationship Management solution (CRM). Procure a solution that supports DVConnect to centrally manage client information and interactions held with women utilising DVConnect's services. Following vendor selection and implementation, the CRM solution should interface with both the EDRMS solution and the CHART application to support the replication of common datasets. *Note that a CRM system may meet DVConnect's requirements of an electronic document management system (electronic filing). It is important to articulate requirements in this area before engaging with the market to inform the procurement process.*	• Relevant and continuous improvement of technology capabilities. • Single point of truth for all client related information • Client information is digitally recorded and accessible • Reduced time on calls establishing caller information • Richer reporting that informs business decision making	• Upfront cost of ~$150,000 and ongoing costs of ~$26,400 per year

Document Classification: KPMG Confidential

5. Operating model: ICT

Key activities	Impacts/benefits	Financial impacts
Implement an Electronic Document and Records Management solution (EDRMS). Procure a solution that supports DVConnect to record all client file notes and documents electronically. When considering the appropriate EDRMS solution, DVConnect should ensure the solution interfaces with the customer relationship management solution. Integrating these solutions will facilitate the retrieval of both client information and their associated client records.	• Client information is digitally recorded and accessible • Reduction in the amount of paper filing • Significant uplift in crisis call management and efficiency through quick retrieval of client records • Relevant and continuous improvement of technology capabilities	• Upfront cost of $50,00 and ongoing costs of ~$4,800
Introduce a redundant communications link with a reputable telecommunications. Implement a secondary communications link with an alternate telecommunications provider to ensure greater redundancy in the event of an outage to the primary telephony line. This activity is dependent on the chosen telephony system and whether it is a standalone system installed at the Milton street address or whether it is cloud based.	• Crisis calls managed optimally • Greater redundancy to continue service delivery in the event of an outage to the telephony system	• Costs to be determined once telephony system selected
Import or integrate financial information with CRM Implement a link that connects the current MYOB finance system to the CRM solution (once implemented). Introducing this link will allow DVConnect to assign expenses to individual clients for both recording and business reporting purposes.	• Increased oversight of client specific expenses • Transparency of costs incurred as a result of placement services	• ~$7,500
Implement an integration link between the new telephony solution and CRM system. Implement a link that connects the CRM solution with the telephony system. This initiative will support Counsellors identify repeat callers and their historical information prior to answering the phone. The retrieval of client records would be based on the woman's originating phone number.	• Crisis calls managed optimally • Client information is 100% digitally recorded and accessible • Reduced time invested by counsellors in establishing caller identification	• ~$50,000

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5. Indicative ICT costs

To support the ICT implementation roadmap, a cost profile of the five ICT solutions / links has been prepared below. The analysis identifies a rough order of magnitude (ROM) estimate of both once off implementation costs as well as ongoing maintenance and support costs. A number of assumptions have been applied in this analysis, which are also detailed on the page (i.e. cost profile assumptions). Detailed cost estimates should be prepared by DVConnect through the completion of a formal procurement process. The estimates provided below were developed through desktop research and KPMG experience.

Solution	Indicative price ranges	Initial upfront cost	Ongoing annual cost	Cost profile assumptions
Silent keyboards, TV and wireless headsets	One-off cost	~$10,000	N/A	• ~$2,400 for 40 silent keyboards for use across the organisation • ~$6,000 for 40 headsets across the organisation • ~$1,600 for a television screen • ~$0 for establishing online booking system
ICT needs assessment and options analysis	One-off cost	~$100,000	N/A	• Based on the identification of DVConnect business requirements, market engagement and options analysis
Digital Telephony system	Implementation / configuration cost	~$30,000		• Based on a low and high cost telephony option within the market • This amount does not include interfacing between telephony and CRM allowing caller-id to automatically retrieve the client's record
	Ongoing management and support		~$6,000	• System under ongoing maintenance and support by a managed IT service provider • Based on 40 headsets with an ongoing maintenance and support cost of $500 per month
Integration link between EDRMS / CRM Solution and the CHART application	Implementation / configuration cost	~$30,000	N/A	• The integration link would be developed to initially support data transfer from the Womensline database to CHART, and it would be designed to also support the same integration for any future CRM solution.
Integration link between the new telephony solution and CRM system	One-off cost	~$50,000	N/A	

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5. Indicative ICT costs

Solution	Indicative price ranges	Initial upfront cost	Ongoing annual cost	Cost profile assumptions
Customer Relationship Management Solution (CRM)	Implementation / configuration cost	~$150,000	N/A	• Implementation cost based on the delivery of both the EDRMS and CRM solution in parallel
	Licensing		~$26,400	• Based on 40 users of the solution • Based on $45.00 to $55.00 per user per month • Does not incorporate Queensland Government discount that may apply to DVConnect
Electronic Document and Records Management Solution (EDRMS)	Implementation / configuration cost	~$50,000	~$4,800	• Implementation cost based on the delivery of both the EDRMS and CRM solution in parallel • CRM selected may have adequate document/file management to achieve digital files without the need for a specific EDRMS solution (this investment may not be necessary).
Configuration / integration link between CRM and MYOB	Implementation / configuration cost	$7,500	N/A	• Link required to synchronise data captured within MYOB against the relevant client within the CRM solution (i.e. client linked to the expense).

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5. Operating model: organisational structure / people

Key activities	Impacts / benefits	Financial impacts
Resource the dedicated triage and placement functions that have been identified. Dedicated staff will need to be made available to support the changes to triage and placement that have been identified.	• Staff will be freed up to focus on triage and placement functions • A better match between staffing and client need • Reduction in multiple handling by staff of client calls	• Estimated additional costs of around $140,000 for two staff dedicated to providing triage services. • Estimated additional costs of $140,000 for two dedicated staff providing placement services. • These costs may be able to be met by reallocation of existing resources.
Develop protocols for the new triage and placement functions. Clear protocols will need to be developed to guide staff around application of the new triage and placement functions.	• Staff have access to easy to understand protocols • Consistency in the application of triaging processes by staff • Improved efficiency in the management of placement services	• No financial impact anticipated.
Review organisational structure to support the new operating model. This would involve undertaking a detailed mapping exercise that profiles staff, roles and responsibilities and costs.	• Better alignment of structure with new operating model including fit for purpose team and management structures • Opportunity to effectively manage new functions and employees; improve information flows; and overall decision making.	• No financial impact anticipated.

5. Operating model: governance

Key activities	Impacts / benefits	Financial impacts
Enhance financial governance to manage overspend on motels. This would involve establishing tighter budget controls and regular monitoring and reporting to senior management and the Board.	• Improved budget management to better contain cost over-runs on motel expenditure • Increased financial certainty for DVConnect and the Department as the funder	• No specific financial costs to implement. May result in savings through better management of costs.
Improve data collection systems to better manage and account for performance. This could involve establishing a data quality manager to ensure the consistent and reliable collection of data and reporting.	• Ability to produce more meaningful and accurate reports • Enhanced monitoring of performance both financial and non-financial • Improved accountability to the Department as primary funder	• ~$80,000 for a salary to employ a full time data quality manager to develop and review activity reporting and produce performance reports for the Department.
Engage a strategic IT advisor. An IT advisor would provide objective advice on future IT contract negotiations; IT purchases and future utilization of ICT to support and improve business processes.	• Ongoing strategic ICT advice available to DVConnect management and the Board • Increased capacity for management to manage risks associated with managing ICT and ICT suppliers • Active engagement with DHPW regarding opportunities to improve information management relating to DV services	• ~$38,000 for an ICT advisor to develop and embed DVConnect's ICT strategic direction (based on an ICT advisor for 1 day per month with a review of the IT strategy to be performed on an annual basis).

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5. Operating model: service mix

Key activities	Expected impacts / benefits	Financial implications
Review the provision of placement services by DVConnect. DVConnect should consider its role in placement services in particular around case management of women once they've been placed in motels.	• A potential reduction in calls to DVConnect (given the large number of callers are from existing clients). • An increased capacity to focus on the needs of more urgent clients. • Potential for improved response rates and reduced call wait times.	• Ongoing savings would be expected if DVConnect significantly reduced its role in this area. These have not been quantified at this stage.
Maintain focus on core business service lines and consolidate the Womensline and Admin Line. Opening up a separate Admin line to the general public so that women have two numbers to call has added significantly to demand on DVConnect. The new triaging process which is dealt with in the next business process section provides the opportunity to bring callers back to a single Womensline.	• Reduction in the number of service lines that DVConnect has to manage.	• No specific financial implications identified.

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5. Transition Arrangements

Key activities	Expected impacts / benefits	Financial implications
Establish governance and reporting arrangements for transition project. DVConnect should develop terms of reference for a transition team to manage the change management process. This could involve establishing a Transition Steering Group with representation from Department.	• Provides an opportunity for governing stakeholders to set out and agree course of action to achieve the operating model. • Clear terms of reference enable a strong foundation for the transition team to implement the operating model • Agreeing and providing a strong direction at the outset is an important foundation for change.	• No specific cost implications identified.
Transformational Program Management to implement business change through: 1. business process optimisation; 2. solution implementation; and 3. organisational change management initiatives to support the business change	• Will assist in minimizing disruption to services during change process • Implementation risks will be managed effectively • Integrated and focused efforts to deliver on the change program	~$150,000 for an organisational change management activities ($75k each year for two years) ~$150,000 for program manager ($75k each year for two years) ~$210,000 for backfill of 2 internal resources (working on an annual wage of $70k per person in the first year and then only one resource for the second year ~$100,000 for business analyst ($50k each year) *Note these costs would be expected to be incurred over the first two years of the change management program*

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Summary Table - Indicative costings for new operating model for DVConnect

Description	Initial upfront cost	Ongoing annual cost
Transformational Program Management to implement business change through: 1. business process optimisation; 2. solution implementation; and 3. organisational change management initiatives to support the business change	~$150,000 for an organisational change management activities ($75k each year for two years) ~$150,000 for program manager ($75k each year for two years) ~$210,000 for backfill of 2 internal resources (working on an annual wage of $70k per person in the first year and then only one resource for the second year ~$100,000 for business analyst ($50k each year) *Note these costs would be expected to be incurred over the first two years of the change management program.*	No additional ongoing costs.
Introduce silent keyboards for use by the Counsellors during phone calls, electronically display QHIP and introduce online booking	~$2,400 for 40 silent keyboards for use across the organisation ~$6,000 for 40 headsets across the organisation ~$1,600 for a television screen ~$0 for establishing online booking system	No ongoing annual cost anticipated.
Digital Telephony system	~$30,000	~$6,000 annually
Develop ICT needs assessment and options analysis for a CRM and EDRMS solution	~$100,000	No ongoing cost anticipated.
Integration link between EDRMS / CRM Solution and the CHART application	~$30,000	No ongoing cost anticipated
Customer Relationship Management Solution (CRM)	~$150,000	~$26,400
Electronic Document and Records Management Solution (EDRMS)	~$50,000	~$4,800
Configuration / integration link between CRM and MYOB	~$7,500	No ongoing cost anticipated
Integration link between the new telephony solution and CRM system	~$50,000	No ongoing cost anticipated
Introduce a new triage system	No upfront costs (apart from telephony system as above)	$160,000 (based on two dedicated staff)
Introduce a new dedicated placement management process.	No upfront costs	$160,000 (based on two dedicated staff)
Engage a strategic ICT advisor	No upfront costs	~$38,000 (based on an ICT advisor for 1 day per month with a review on an annual basis
Total Estimated Costs	**$1,037,500**	**$395,200**

5. Implementation approach

5.3 Approach

This report has presented findings from a current state assessment of DVConnect. This included demand for services and current service reach, business processes and ICT. Based on the key learnings and observations drawn from the current state assessment, a new operating model with renewed business processes and ICT improvements has been devised as well as analysis of resulting impacts.

These changes will provide DVConnect with an opportunity to achieve efficiencies and reduce call wait times and the volume of unanswered calls. DVConnect now faces a number of challenges to implement the proposed changes, while at the same time continuing to perform its vital role in the provision of services for those experiencing domestic and family violence. There is an obvious need for a carefully planned and staged approach to implementation to ensure that service delivery is not negatively impacted on throughout the change. Given the significance, scope and scale of this exercise, the sequencing and timing of these changes will be critical. The following pages outline suggested activities and indicative timelines for implementing these changes. Implementation will be achieved as quickly as possible without jeopardising service delivery.

Transition to the new operating model will occur in three phases over two and a half years:

- Phase 1 – July 2017 to December 2017: key activities for this phase include: agree DVConnect service remit, establish governance, introduce transition team, realign organisational structure, introduce service manager and placement, implement quick wins, establish disaster protocol and source appropriate database solution, telephony and CRM system.

- Phase 2 – January 2018 to December 2018: this phase will involve introducing the new triage team, the new database and the telephony system.
- Phase 3 – January 2019 to December 2019: in this phase, changes will primarily involve the development of the specifics for a new CRM which is a time intensive and resource intensive exercise. It will require training for staff across the organisation.

It is also noted that communication and engagement with all stakeholders (both external and internal) will be ongoing throughout the all three phases as part of proactive change management.

Figure 37: Overview of Phased Implementation
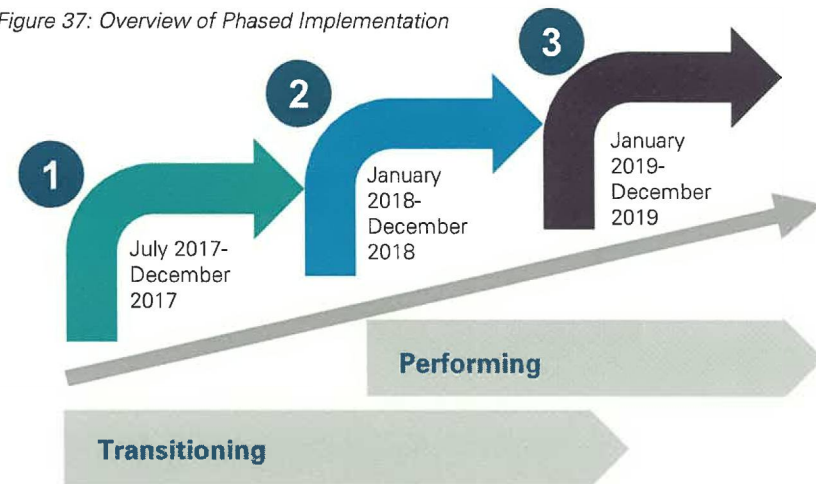
Source: KPMG, 2017

5. Implementation roadmap

5.4 Roadmap

Below is a graphical depiction of the key activities to achieve the suggested operating model. This also reflects the phased approach that will occur over two and a half years. Activities for the first phase are numbered to indicate the sequence in which it is suggested that they would occur.

Figure 38: Roadmap for Implementation
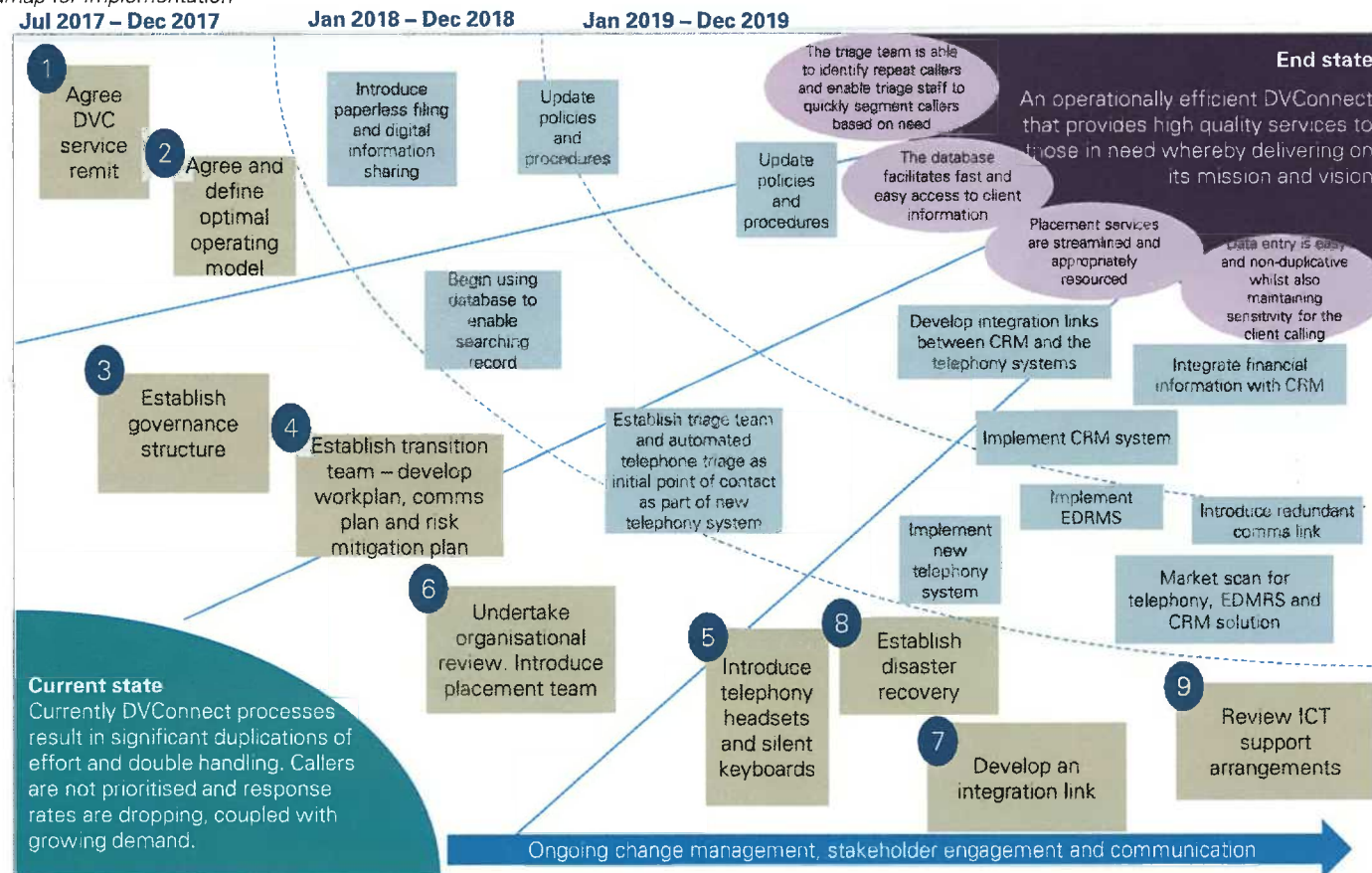
Source: KPMG, 2017

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6. Future areas for consideration

5.4 Areas for future consideration

While the scope of this project was limited to a review of business processes and the development of an operating model for DVConnect the following issues were identified as areas for future consideration by the Department:

- The lack of sufficient refuge places is a key factor contributing to the large number of women being placed in motel accommodation and until that issue is addressed, there will be continued pressure on DVConnect's crisis intervention placement services.

- The need for better coordination and information sharing is evident including between DVConnect, refuges and with the agencies involved in managing the placement of women and children in motels.

- Overall governance and contract management could be improved with clear specifications around what the Department is purchasing together with reporting on a high level set of key performance indicators to improve overall accountability and governance.

Section 6:
Appendices

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6. Appendix A: Stakeholders consulted

Name	Organisation
Multiple stakeholders from DVConnect (including Di Mangan, Sharon x and Vicki x)	
Karyn Walsh	Micah Projects Safer Lives
Theresa Kellett	Save the Children Bridges
Tracey MaKoni	Save the Children Bridges
Lindy Edwards	Sera's 72 Hour Shelter
Pauline Woodridge	Sera's 72 Hour Shelter
Liz MacDonald	South East Queensland Combined Women's Refuge Network
Multiple stakeholders from the Combined Women's Refuge Network South East Queensland	
Beverly Schmike	Central Queensland Combined Women's Refuge Network
Cathy Crawford	North Queensland Combined Women's Services Network
Lea-anne Meehan	Uniting Care Community shelter – Koolkuna
Melanie Houghton	Uniting Care Community shelter – Koolkuna
Donna Shkalla	Uniting Care Community
Gabrielle Borgaard	Domestic Violence Action Centre Ipswich
Rebecca Shearman	Domestic Violence Action Centre Ipswich
Cecilia Barassi-Rubio	Immigrant Women's Support Service

6. Appendix A: Stakeholders consulted

Name	Organisation
Di Macleod	Gold Coast Centre Against Sexual Violence
Mark Kenyon	Department of Housing and Public Works
David Horton	Department of Housing and Public Works
Steve Spencer	Department of Housing and Public Works
David Grant	Managed Solutions
Stephen Tyler	Managed Solutions
Declan McNamara	Queensland Police Service – Redbourne
Alice Yunker	Queensland Police Service – Redbourne

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6. Appendix B: Bridges and Seras case study

Two shelters in Queensland that operate 72 hour models are profiled below, describing background information, processes and staffing

🔍 Bridges, Brisbane

Background

Bridges, located in Brisbane, opened in December 2015 and is a secure facility operated by Save the Children. It is a newly built shelter that has 11 units. Design is a key component of Bridges as the 11 units of family accommodation at Bridges can increase to accommodate as many as 5 families in units plus 12 single units; making a total of 17. Each unit is equipped with kitchen, bathroom and lounge room. There are communal social areas such as the BBQ area and area where Save the Children staff are located. At Bridges, women have the opportunity to take stock of their situation during their 72 Hour stay. It is noted that women at Bridges are largely staying longer than 72 hours, which reaffirms the systemic pressures that are currently impacting the service system such as lack of affordable accommodation. Average length of stay is 8.6 nights.

Process and staffing

Bridges receives referrals from DVConnect and also has the ability to refer to other refuges and shelters. The general process includes Bridges receiving a referral from QHIP (with a phone call from the referring body either before or after the QHIP – anecdotal evidence suggest that in general the call is received before the QHIP). Once DVConnect or another agency refers women to Bridges, Bridges is responsible for the client to provide immediate support to meet short term needs of the woman and also plan her next accommodation option which would exit her from the service. Bridges will firstly conduct a risk assessment, building on the information received through the referral. Bridges is a 24 hours a day 7 days a week service and is staffed accordingly. During the day approximately 3 staff support workers are working onsite at Bridges. Staff are stay overnight on Friday and Saturday nights and there is an on call roster Sunday-Thursday.

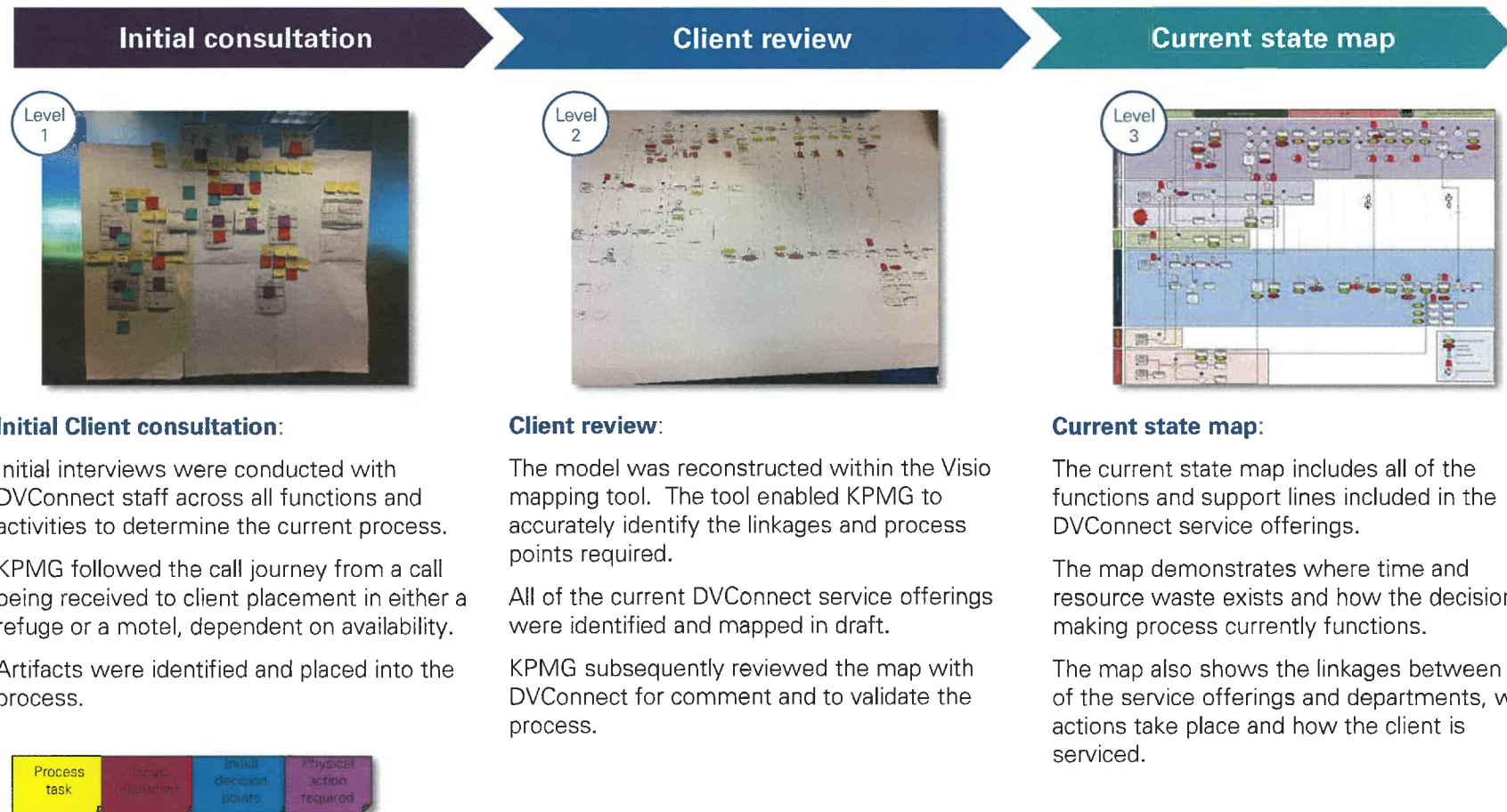## 🔍 Seras, Townsville

Background

Seras, located in Townsville, has been operating for 20 years. It consists of 1 crisis shelter which is a purpose built building of 4 self-contained units (3 two bedroom units and 1 one bedroom unit). All of these are self contained. In addition, there are 5 duplexes dispersed throughout the community. Accommodating the growing cohort of single women is problematic because the shelter units are 3 or 4 bedrooms i.e. designed to accommodate families. The facility is medium security. Similar issues to those experienced by Bridges with the 72 Hour model are being experienced by Seras. Average length of stay is around 1-2 weeks, after which time if women are still waiting for independent housing, they would be moved into one of the community units (length of stay- 4-6 weeks).

Process and staffing

Unlike Bridges, Seras take referrals from a number of local services as well as DVConnect. General process includes Seras receiving a referral from QHIP (with a phone call from the referring body either before or after the QHIP – anecdotal evidence suggest that in general it is accepted practice to receive the call before the QHIP). Once DVConnect or another agency refers and successfully fills a vacancy, Seras is responsible for the client to provide immediate support to meet short term needs of the woman and also plan her next accommodation option which would exit her from the service. Seras will also firstly conduct a risk assessment, building on the information received through the referral. Seras also provides outreach to motels, which makes it unique from Bridges. Monday to Friday there are 2 refuge workers rostered between during the day and on weekends, there is one worker for some time during the day and another worker on call.

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6. Appendix C: Business process mapping

The following describes the approach adopted to determine the DVConnect business process:

Initial consultation

Client review

Current state map

Initial Client consultation:

Initial interviews were conducted with DVConnect staff across all functions and activities to determine the current process.

KPMG followed the call journey from a call being received to client placement in either a refuge or a motel, dependent on availability.

Artifacts were identified and placed into the process.

Client review:

The model was reconstructed within the Visio mapping tool. The tool enabled KPMG to accurately identify the linkages and process points required.

All of the current DVConnect service offerings were identified and mapped in draft.

KPMG subsequently reviewed the map with DVConnect for comment and to validate the process.

Current state map:

The current state map includes all of the functions and support lines included in the DVConnect service offerings.

The map demonstrates where time and resource waste exists and how the decision making process currently functions.

The map also shows the linkages between each of the service offerings and departments, what actions take place and how the client is serviced.

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6. Appendix D: Stakeholder themes

These consultation themes provide insights into critical issues as part of an overall system current state assessment. It is well-established that DVConnect is a central component of the service system for domestic and family violence in Queensland. In order to understand and identify improvements to its business processes and operating model, it is critical to understand the current state of the system in which DVConnect operates. This is important contextual information for the business process review. Themes arising from state wide consultation across the sector have been grouped and are outlined below.

Theme	Summary of feedback
Unclear roles and responsibilities	It was evident that across the domestic and family violence sector in Queensland, key providers and stakeholders are unclear about the roles and responsibilities of DVConnect and other services involved in providing support to women impacted by domestic and family violence. For example, some stakeholders were unclear about the role of RDVSs and whether their responsibilities included finding accommodation for women as well as counselling and support. Most of the RDVSs consulted as part of this project agreed they should provide counselling and support whilst finding accommodation for women should be DVConnect's responsibility. This is at odds with DVConnect's current scope of business which includes counselling, crisis management and placement services. Stakeholders also indicated that there is some confusion around who has the ability to make referrals to shelters. This has complicated the placement of many women because stakeholders in the sector are not sure which organisations are responsible for placement services for women in need of temporary accommodation. Stakeholders identified examples wherein high risk clients who had been placed in accommodation received calls from a number of different service providers (including DVConnect) because there was very little clarity around who was responsible for ongoing case management. This was the case for both women staying in motels, wherein the woman may receive phone calls from DVConnect and also Safer Lives (who are responsible for case managing women in motels) and also for women in shelters who may receive phone calls from DVConnect and also may be case managed by the shelter staff.
Issues with homelessness contributing to demand on DVConnect	A number of stakeholders noted that there are some women who are referred to a refuge but who have not recently experienced domestic violence. These women (and their children) are often homeless and require accommodation. Consultations with stakeholders indicated that the proportion of homeless women who are referred to domestic violence shelters varies from one shelter to the next. This suggests there may be inconsistent or ineffective triaging and assessment of the women who call DVConnect. However, this was not the key concern of stakeholders – all stakeholders agreed that the real issue is a shortage of housing and accommodation options (including temporary or transition housing).

6. Appendix D: Stakeholder themes

Theme	Summary of feedback
Shortage of refuge and transition accommodation for domestic violence	All the shelters consulted as part of this project indicated that they are full the majority of the time with DVConnect and RDVSs referring women into shelters on a daily basis. This means that the rooms are not usually vacant for longer than it takes to clean them. According to refuge representatives, women are staying for longer periods of time. In particular, the 72 hour refuges consulted as part of this project indicated that few women stay only three days with the average length of stay at 1-2 weeks. Shelter staff work with clients to develop safety plans and exit plans but it can still be difficult to move women on when there are few appropriate accommodation options available.
Shortage of accommodation options for particular cohorts of women	All stakeholders agreed that particular cohorts of women such as single women and women arriving from certain countries such as Papua New Guinea (PNG) and New Zealand (NZ), can be difficult to place. Stakeholders also indicated that many women arrive from PNG and NZ seeking safety in Australia. These women have no income but fear returning to their home country because of the threat of violence there. These women can be difficult to exit from shelters and many of the shelters consulted as part of this project agreed that this is an immigration issue but stakeholders also indicated that they have not worked out a best practice strategy for moving these women into sustainable independent long term accommodation. Accommodating migrant women on a long term basis reduces the resources and accommodation available for other women seeking short-term crisis accommodation. Many shelters are set up with family units to accommodate one women and her children. This means that if a single woman is seeking refuge then accommodating her in one of these units can constitute a 'waste of space' unless the unit is shared with another single woman who is also seeking refuge.
Systematic issues – problems with QHIP	All stakeholders consulted as part of this project indicated that it is critical for DVConnect to call ahead when making a referral to a shelter in addition to using the formal referral process through QHIP. Stakeholders indicated that they understood why QHIP had been implemented (to create a documented and systematic referral process) but it is unreasonable to have staff in shelters constantly monitoring QHIP.
Resourcing placement services	All stakeholders agreed that DVConnect is an important state-wide resource for finding accommodation for women in need of accommodation. Stakeholders also agreed that building and maintaining relationships with shelters is critical for finding appropriate placements for women seeking safety. As indicated above, stakeholders considered that phone calls to shelters and frequent communication were important for maintaining these relationships. This could not be achieved by relying on QHIP alone. All of the most experienced stakeholders agreed that in order for DVConnect to effectively and efficiently deliver placement services, there needs to be a dedicated "placement team" of at least two people whose sole job is to liaise with shelters: checking for vacancies and advising shelters of priority clients and their circumstances e.g. interpreter needs, child-specific needs, mental health service needs or drug and alcohol problems.

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6. Appendix D: Stakeholder themes

Theme	Summary of feedback
Issues with the centralised model	As indicated in the theme about the lack of clarity around roles, many RDVSs considered it part of their responsibility to offer counselling and support while they saw DVConnect's primarily role as finding crisis accommodation. Furthermore, consultations with stakeholders highlighted a number of issues with having DVConnect as a the main central point of contact for all domestic and family violence queries. This is partly explained by DVConnect being so widely advertised and well branded. However, this was seen as contributing to unnecessary demand for the organisation when women could be calling their local RDVS for counselling and support rather than DVConnect. Stakeholders indicated that there needs to be focus on drawing on local supports where appropriate to ensure local service knowledge is being utilised. This could also ease demand on DVConnect.
Inadequate information sharing	Information sharing is essential to providing support to those experiencing domestic and family violence. During consultations, stakeholders in shelters and case management services often cited examples of incomplete information being provided with the QHIP referral or case management notes. This presents a significant problem because it means that shelters and case managers such as Safer Lives are making decisions about a woman's needs based on limited information and are generally repeating the risk assessment. This is a problem for both the worker receiving the woman and the woman herself because it wastes the worker's time and means that the woman has to tell her story twice.
Quality of risk assessment	Shelters and other services also revealed a general wariness about the risk assessment process that supports referrals. This issue goes both ways: shelters doubt the validity of DVConnect's risk assessments and DVConnect does not always accept the risk assessments of referring RDVSs. When an RDVS refers a woman to DVConnect, DVConnect does its own risk assessment which doubles up on work already undertaken and, as stated above, inconveniences the woman by making her tell her story twice.
Usage of motels and issues	Stakeholders noted the high volume of women being accommodated in motels. This raised concerns not just from a cost perspective but also from a risk perspective. Stakeholders felt that it was too risky to continue using motels on an ongoing basis to house women because this accommodation lacks the necessary support and security for women. Furthermore, stakeholders noted the difficulty of working with moteliers because the process of finding a place for a woman in a shelter and moving her there can often not be completed before 10am or 11am, when the motel bills again for another night of accommodation.

6. Appendix D: Stakeholder themes

Theme	Summary of feedback
Myths that create barriers to access	Another strong theme from consultations related to the myths about "eligibility criteria" that stakeholders felt had been mistakenly embedded in DVConnect's referral practices. Refuges and shelters are not allowed to discriminate based on a woman's circumstances. For example, a number of stakeholders cited the case of a woman from a CALD background who was at high risk of violence but was not referred immediately to refuge by DVConnect because she had a teenage son. In this particular case, the teenage son operated as the woman's translator so separation was not an option. Another example cited related to a transgender client who required accommodation but had not immediately been referred to a refuge because it was assumed that no shelter would accept them. These examples demonstrate the barriers to access that the mistaken perceptions about eligibility criteria can create. Stakeholders agreed that refuges and shelters cannot have rules about who they will and will not take – if DVConnect encounters this they should report it to the Department and not perpetuate the discrimination.

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