



# Census of Workforces that Intersect with Family Violence

Companion report to *Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response*

December 2017



## **ABORIGINAL ACKNOWLEDGMENT**

The Victorian Government proudly acknowledges Victorian Aboriginal people as the first peoples and Traditional Owners and custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. This social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing, and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

## **SUPPORT SERVICES**

If you have experienced family violence or sexual assault and require immediate or ongoing assistance, contact 1800 RESPECT (1800 737 732) to talk to a counsellor from the National Sexual Assault and Domestic Violence hotline. 1800 RESPECT can also provide support to workers.

For confidential support and information, contact Safe Steps' 24/7 family violence response line on 1800 015 188. If you are concerned for your safety or that of someone else, please contact the police in your state or territory or call 000 for emergency assistance.

# INTRODUCTION

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**INTRODUCTION**

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The Royal Commission into Family Violence (Royal Commission) highlighted the need to ‘invest in people who work directly with victim survivors and perpetrators’ as ‘they are fundamental to our success in stopping family violence’<sup>1</sup>. In order to do this, the Royal Commission recommended that the Victorian Government develop a 10 year industry plan for family violence prevention and response in Victoria.<sup>2</sup>

The Royal Commission also noted that a barrier to workforce planning was a lack of systematic collection of workforce data.<sup>3</sup> The Centre for Workforce Excellence within Family Safety Victoria (then the Department of Premier and Cabinet) accordingly engaged KPMG to oversee the design and delivery of a census of these workforces (the census). The census was conducted to provide an evidence base to inform government decisions relating to workforce and sector development in relation to family violence prevention and response.

This census is the first of its kind in Victoria, and provides findings in relation to the range of workforces that intersect with family violence – from specialist family violence and primary prevention workforces through to mainstream and universal services.

<sup>1</sup> *Royal Commission into Family Violence, Report and Recommendations, Vol VI, p.197.*

<sup>2</sup> *Ibid, p.201.*

<sup>3</sup> *Ibid, p.197.*

## PURPOSE

This report summarises the key findings of the *Census of Workforces that Intersect with Family Violence* completed by KPMG in 2017. It highlights key information that supports the actions in *Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response* and provides a high level overview of the census results in relation to:

- the profile of workforces who responded to the census
- workforce capabilities in relation to family violence prevention and response
- employment conditions and pathways
- workforce health and wellbeing.

The section on workforce capability covers the broad range of workforces that intersect with family violence, while the sections on employment conditions and workforce health and wellbeing primarily focus on practitioners whose core roles relate to family violence prevention and response.

A number of sector profiles are included at **Attachment 1**. These provide a more detailed view of the findings for use by peak bodies and organisations to inform their own workforce planning.

## PROJECT GOVERNANCE, ETHICS APPROVAL AND CONSULTATION

The planning, design and conduct of the census was supported by two project governance groups and extensive consultation with key stakeholders. Ethics approvals were also gained for the census prior to its roll-out. A summary of the project governance structure, ethics approvals and outputs from the consultations is at **Attachment 2**.

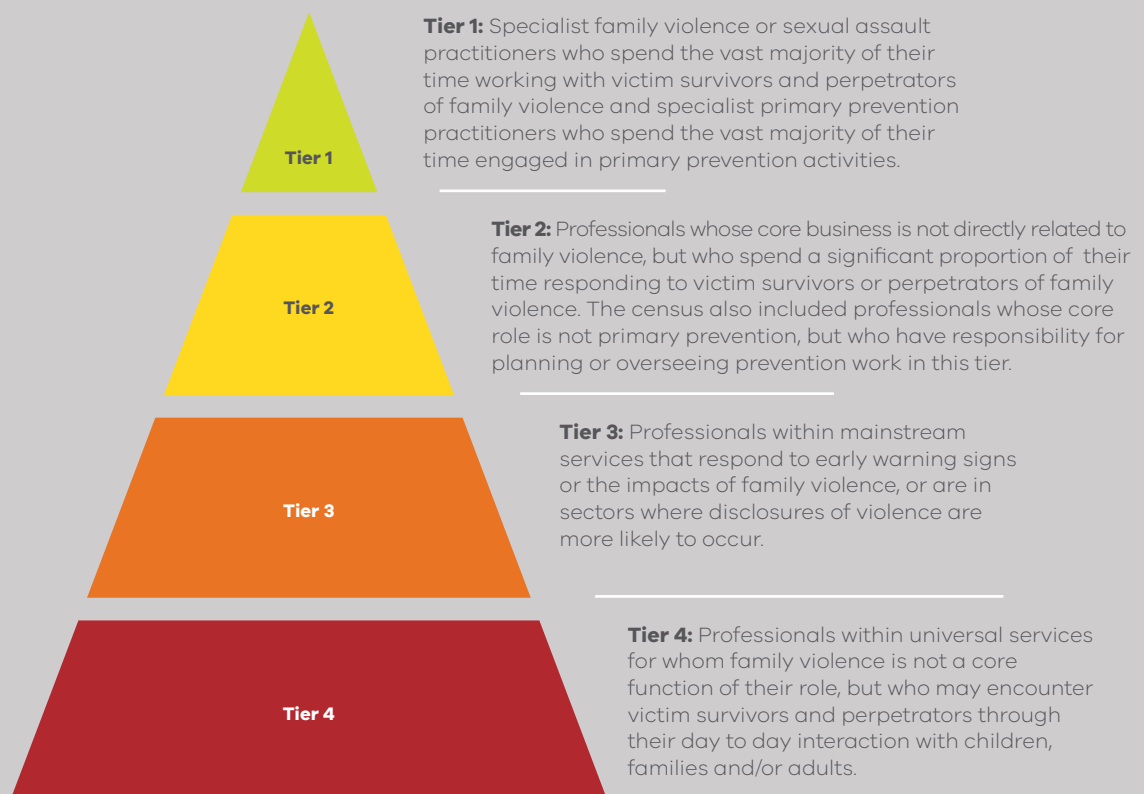
## Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response

## METHODOLOGY

### Identifying the workforces

The Royal Commission provided high-level definitions of four workforce tiers that intersect with family violence. These tier definitions were refined into specific workforces for inclusion in the census sample.

In broad terms, the four workforce tiers are described as follows:



The Victorian Government provided population estimates of the identified workforces to KPMG to assist in estimating the population size for each tier. A detailed description of the four workforce tier definitions, estimated tier populations, their identified workforces and census response rates are summarised in **Attachment 3**.

### Data collection tools

The information for the census was collected through two surveying tools:

- an online survey sent to employees across workforces represented in all four tiers
- a payroll data template filled out by organisations for employees in Tiers 1 and 2 only.

These data collection tools were developed through a co-design process with the sector and departmental representatives. Having two related, but distinct, data collection tools provides two views of the workforces – an individual's perspective and an organisational perspective.

The Victorian Council of Social Service and Domestic Violence Victoria were engaged to help boost engagement and participation in both aspects of the census.

### Capturing the views of individual employees

The online survey was designed to be completed by individual employees. A data collection tool that directly engages with the 'voice' of the workforce is important for gauging a range of factors that cannot be captured by payroll records, such as perceptions and attitudes regarding workload, confidence in identifying and responding to family violence and long term employment intentions.

To maximise response rates, the survey was widely distributed to the identified workforces through a variety of government and non-government channels and was open for a six-week period between 10 April and 19 May 2017. The total number of responses to the survey was **11,265** individuals.

The survey enabled respondents to self-select both their tier and industry.<sup>4</sup> It is noted that not all respondents' selections aligned with the expected tier definitions detailed previously. Survey response numbers and response rates by tier and industry can be found in **Attachment 3**.

In this report, results from the survey will be referred to as 'survey results' and responses from 'survey respondents'.

4 Survey respondents could select one of the following industries: Education, Emergency Services, Health, Human Services / Community / Non-Government, Justice or Local Government.

### Capturing the information held by organisations

The employer payroll data template was designed to capture empirical data held by organisational payroll records to assist in identifying more specific information on workforce demographics and employment conditions. Organisations were instructed to provide data only on employees that matched Tier 1 and Tier 2 workforce categories and to exclude employees classified against Tiers 3 and 4. This was done to provide a more nuanced understanding of the profiles for workforces more strongly focused on family violence prevention and response.

Completed responses were received from **150** organisations (out of **410** organisations approached to participate), which provided data for **24,120** employees across both tiers, with the majority of records relating to employees in Tier 2.

Due to variability in how organisations classify their employees and services, not all organisations' classifications aligned with the expected tier definitions. Response numbers and response rates for the payroll data collection by industry can be found in **Attachment 3**.

In this report, results generated by the employer payroll data collection, will be referred to as 'payroll data', noting that this information only pertains to workforces in Tiers 1 and 2.

### Limitations

Data collected from both the survey and the payroll data template have been used throughout this report. As with any large data collection project, there are limitations.

The confidence level and margin of error applicable to the results may differ based on whether the results are drawn from survey or payroll data. The ability for survey respondents and organisations to self-select into tiers has also influenced sample sizes and confidence levels.<sup>5</sup>

Where limitations have impacted the ability to draw definitive conclusions from the data, results are included for insight and the limitations have been noted.

The 'Key results' section of this report primarily relates to data at a tier or industry level. Data relating to all four tiers and the majority of industries has been drawn from survey samples that can be used with a minimum 95 per cent confidence level and +/- 2.5 per cent margin of error. Of the industries, Emergency Services and Local Government were not deemed sufficient for a +/- 2.5 per cent margin of error and 95 per cent confidence level. This report is also limited in the data that can be provided for some sectors or communities/demographics due to insufficient responses.

To protect individual privacy, segments with fewer than five respondents have not been labelled in the figures used in this report. Percentages used in the figures may not total 100 per cent owing to decimal point rounding.

<sup>5</sup> A survey with a margin of error of +/- 2.5 per cent at a 95 per cent level of confidence means that if the survey were conducted 100 times, the actual data would be within the range of 2.5 per cent above or below the percentage reported in 95 of the 100 surveys. The margin of error tells us how much we can expect the survey results to reflect the views of the overall population.

# PROFILE OF WORKFORCES RESPONDING TO THE CENSUS

## Demographics

Across all tiers responding to the survey the overall workforce profile shows that approximately:

- **80.5** per cent were female
- **80.4** per cent were born in Australia, and English was the most commonly spoken language at both home and work<sup>6</sup>
- **2.1** per cent identified as Aboriginal
- **8.4** per cent identified as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ)
- **3.1** per cent identified as having a disability.

In terms of age profiles, **29.0** per cent of Tier 1 survey respondents reported being between 25-34 years of age while **27.0** to **29.0** per cent of Tier 2, 3 and 4 survey respondents reported being between 45-54 years of age.

## Location

In terms of locational information, analysis is largely limited to survey responses because organisations were only given the option of providing one address and in instances of large organisations, a head office metropolitan address was provided even though employees may be based in regional and rural areas.

Across all tiers, over **60.0** per cent of survey respondents indicated their nominated place of work within a metropolitan local government area.

This result may have been skewed by regional and rural workforces being harder to reach with the survey. That is, responses were lower for regional and rural workforces when compared to metropolitan Melbourne workforces because there are fewer workers in regional and rural areas who may also work in geographically dispersed locations making them difficult to engage.

6 It is acknowledged that diverse communities are under-represented in this census and that this will need to be addressed in future census work.



# KEY RESULTS

This section outlines a number of key results drawn from the census in relation to workforce capability, employment conditions and career pathways and workforce health and wellbeing.

## WORKFORCE CAPABILITIES

The Royal Commission heard of the positive impact of qualified, skilled and knowledgeable family violence workers on those affected by family violence, both in terms of specialist family violence services, as well as the broad range of other workforces who encounter people affected by family violence.<sup>7</sup>

The Royal Commission commented that all of the identified tiers of workforces need to be able to identify and appropriately respond to or manage family violence. It noted that a significant increase in capability across various service systems such as education and health, family lawyers and others is required so they are better able to identify family violence risk and respond accordingly.<sup>8</sup>

This section contains census results in relation to:

- training undertaken and views on further training required
- confidence in identifying and responding to family violence, including views on further support required
- qualifications and experience, with a focus on the Tier 1 workforce.

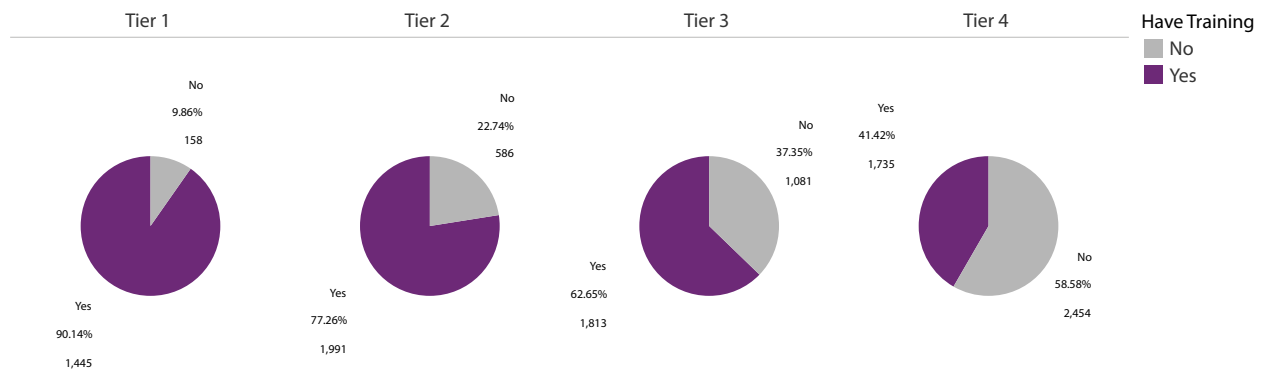
### Training

#### Training undertaken

The survey collected data on the proportion of respondents (across all workforces that intersect with family violence) who have accessed informal or formal training regarding family violence response or primary prevention (termed ‘family violence related training’ through this report).<sup>9</sup>

Figure 1 below shows that family violence related training is currently concentrated among workforces that more closely intersect with family violence, with the proportion of survey respondents who have accessed training decreasing from **90.1** per cent for Tier 1 respondents to **41.4** per cent of Tier 4 respondents.

Figure 1: Proportion of respondents with family violence related training (all tiers)



Source: KPMG analysis of employee survey data

7 Royal Commission into Family Violence (RCFV), Report and recommendations, Vol VI, p.171.

8 Ibid, p.206.

9 Formal training refers to training delivered by a registered training organisation. Informal training can be delivered through a range of approaches, including unaccredited courses, professional development and workplace training.

When considered by industry, respondents from Emergency Services and Human Services/Community/Non-Government are most likely to have undertaken family violence related training (84.1 per cent and 75.2 per cent, respectively), compared with respondents from Education and Health who are least likely (40.6 per cent and 52.2 per cent, respectively).<sup>10</sup>

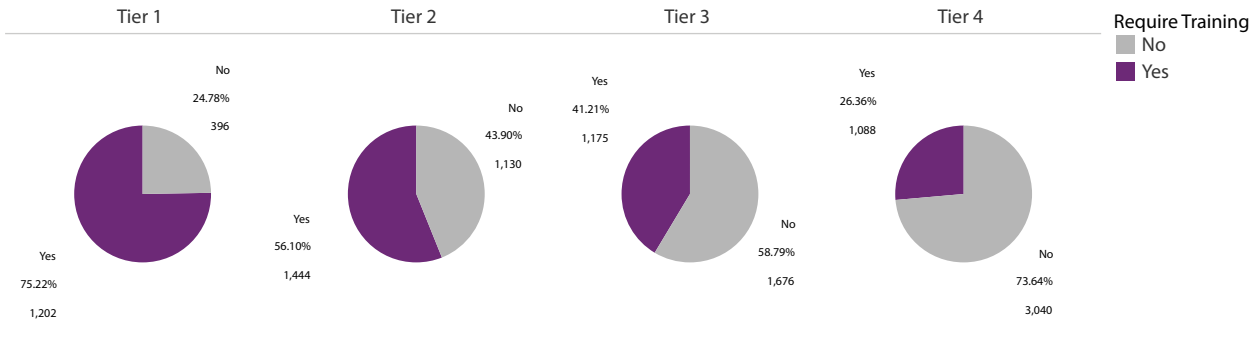
The results collated from the survey also found that respondents from Tier 1 workforces were the most likely (75.2 per cent) to consider family violence related training as a requirement to undertake their roles, while respondents in Tier 4 (26.4 per cent) the least likely to consider training necessary to complete their roles (see figure 2 below). A potential reason for this result in Tier 4 may relate to perceptions among these workforces that family violence prevention and response is not a core part of their professional responsibilities.

The survey results also showed that there is a variation in this perception across industries, with respondents from Education and Training being least likely (27.0 per cent) to consider family violence related training to be necessary to their role, followed by respondents in Health (39.0 per cent) and Justice (43.0 per cent).

Of employees who had accessed training and reported that it was helpful, the most helpful topics identified were:

- trauma-informed practice
- trauma counselling
- working with children exposed to family violence
- family violence safety planning
- clinical supervision.

Figure 2: Proportion of respondents who consider that they require family violence related training to perform their role (all tiers)



Source: KPMG analysis of employee survey data

10 Responses for Emergency Services do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level, and results are provided for insight only.

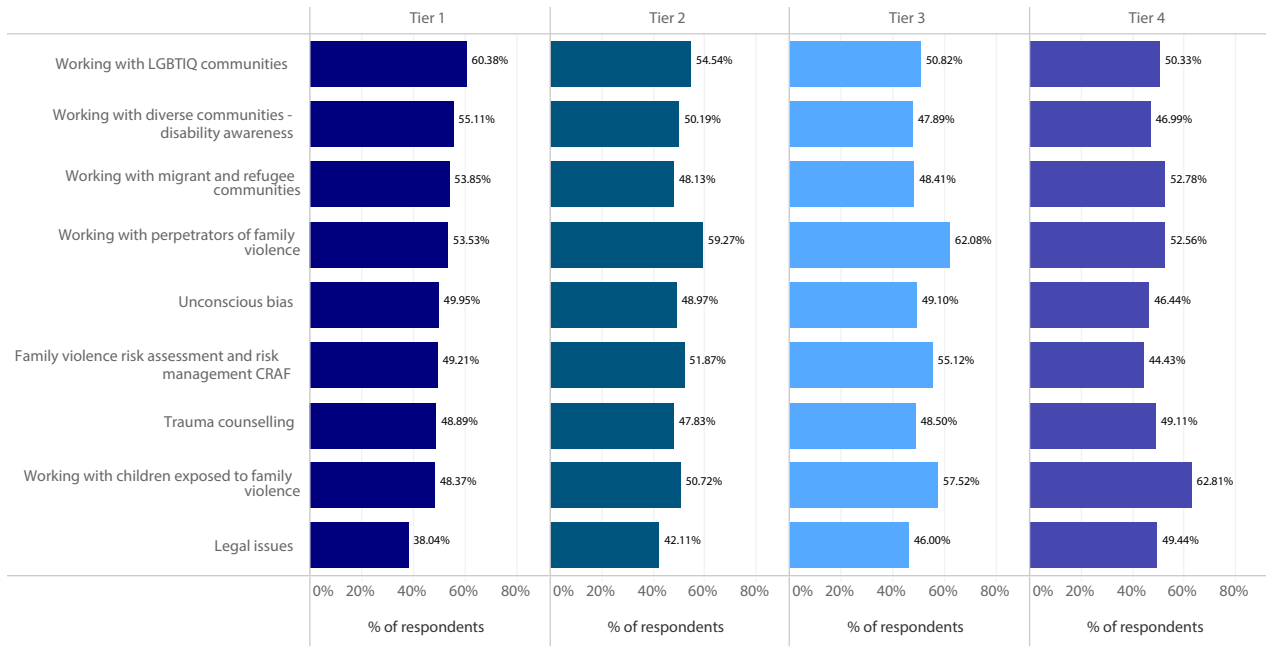
### Further training needs

The Royal Commission highlighted the need for both specialist family violence and universal service providers to be equipped with the skills in recognising and providing appropriate services to diverse cohorts and communities. The survey results indicate that respondents are interested in training in these areas. Figure 3 below summarises the preferences for training across all four tiers.

Survey respondents across all tiers were also asked to indicate areas they would benefit from further training in. About **50.0** per cent of respondents indicated an interest in additional training in areas such as:

- working with children exposed to family violence
- working with LGBTIQ communities
- working with perpetrators of family violence
- working with diverse communities
- family violence risk assessment and risk management.

**Figure 3: Further training required (respondents could choose more than one option) (all tiers)**

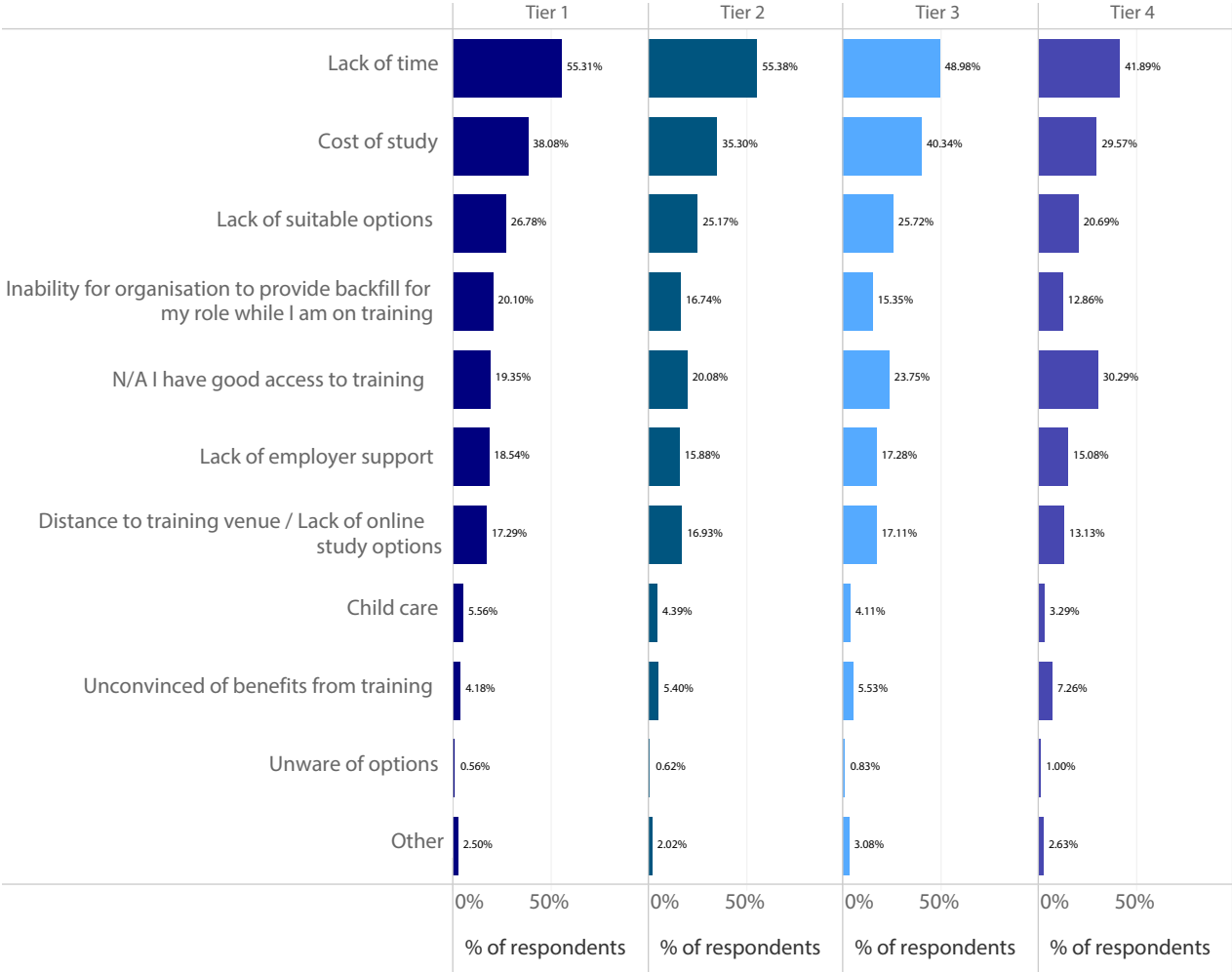


Source: KPMG analysis of employee survey data

**Barriers to training**

Figure 4 below shows that approximately half of respondents across all tiers commonly cited lack of time, followed by cost of study as a barrier to engaging in training. Lack of time was also the most common barrier to training cited across all industries. Organisational inability to find backfill positions for staff on training was also commonly cited as a barrier, particularly for Tier 1 workforces.

**Figure 4: Barriers to training (all tiers)**



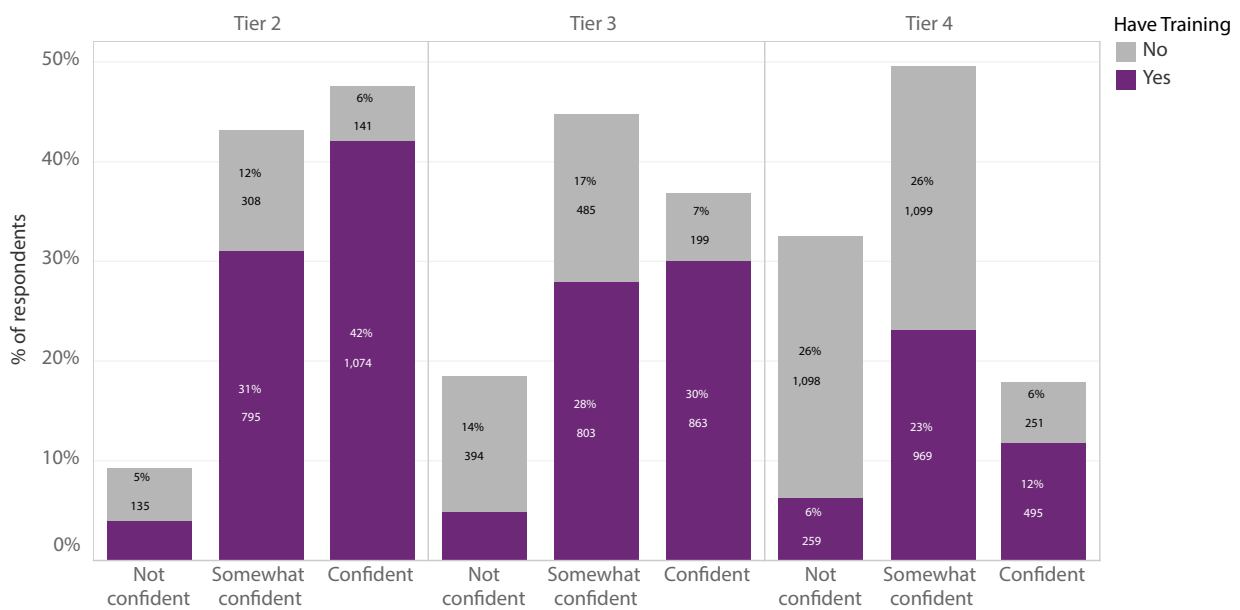
Source: KPMG analysis of employee survey data

### Confidence in identifying and responding to family violence

The survey included questions that asked respondents to gauge their 'level of confidence' in effectively performing their roles in relation to family violence prevention and response.

Figure 5 below depicts levels of confidence in identifying family violence for Tiers 2, 3 and 4. The proportion of respondents that are confident in identifying family violence progressively decreases from **48.0** per cent in Tier 2 to **18.0** per cent in Tier 4, regardless of training. Further, analysis of responses by level of training across the tiers indicates that the majority who were not confident in identifying family violence had not had any training.

Figure 5: Confidence to identify those experiencing family violence by training (Tiers 2, 3, 4)<sup>11</sup>



Source: KPMG analysis of employee survey data

11 Segments with fewer than five respondents have not been labelled.

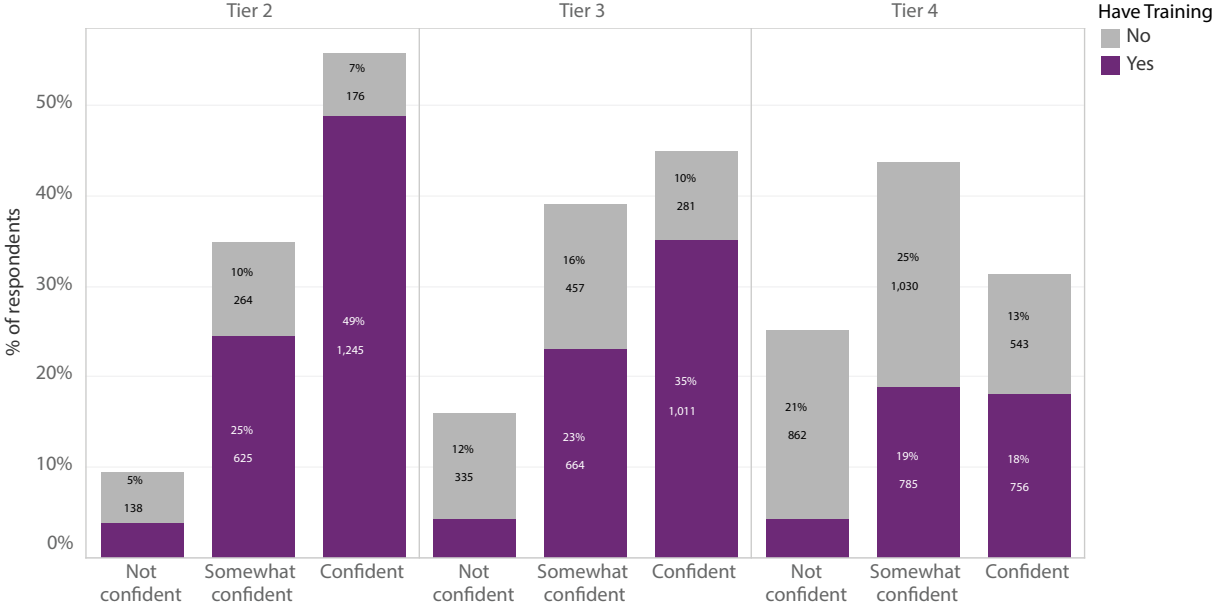
Respondents in Tiers 2 to 4 were also asked to assess their confidence in responding appropriately to an individual’s disclosure that they are at risk of, experiencing or perpetrating family violence. These results are depicted in figure 6.

In line with the results on confidence levels in identifying family violence, the proportion of respondents who were confident in responding decreased from Tier 2 to Tier 4 (from **56.0** per cent down to **31.0** per cent regardless of training). Similarly, the majority of respondents who are not confident in responding to a disclosure have not had any formal or informal training.

The survey also showed that there are differences in how employees respond to a disclosure of family violence across industries. Survey respondents working in:

- Emergency Services are most likely to follow standard formalised response procedures<sup>13</sup>
- Health and Education and Training are most likely to make an internal referral to a specialist
- Human Services/Community/Non-Government and Local Government are most likely to make an external referral to a specialist<sup>14</sup>
- Justice use a combination of responses, however those who have undertaken training are more likely to make a referral to an external specialist.

Figure 6: Confidence in responding to family violence by training (Tiers 2, 3, 4)<sup>2</sup>



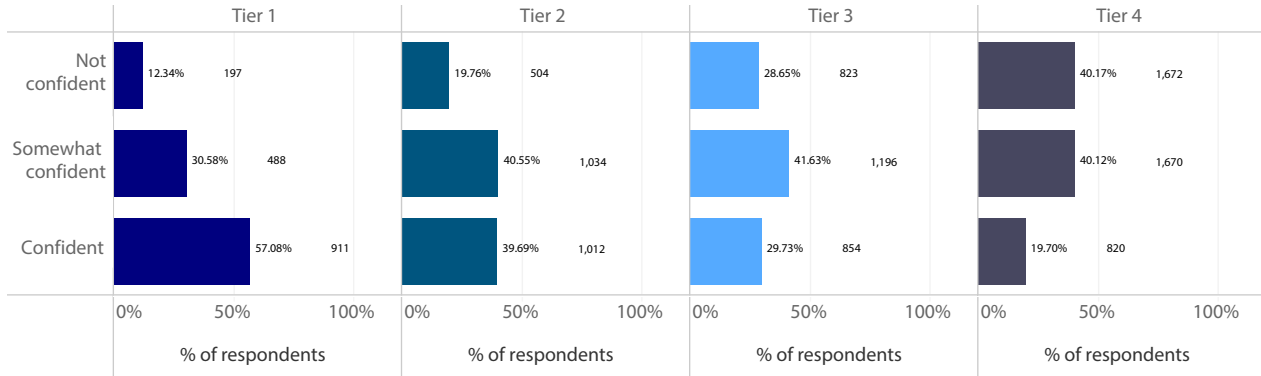
Source: KPMG analysis of employee survey data

12 Segments with fewer than five respondents have not been labelled.  
 13 Responses for Emergency Services do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level, and results are provided for insight only.  
 14 Responses for Local Government do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level, and results are provided for insight only.

### Managing the needs of children

Survey respondents were asked to assess their confidence in managing the needs of children at risk of or experiencing family violence. Across the tiers, the proportion of respondents who reported confidence decreases from Tiers 1 to 4 as shown in figure 7 below.

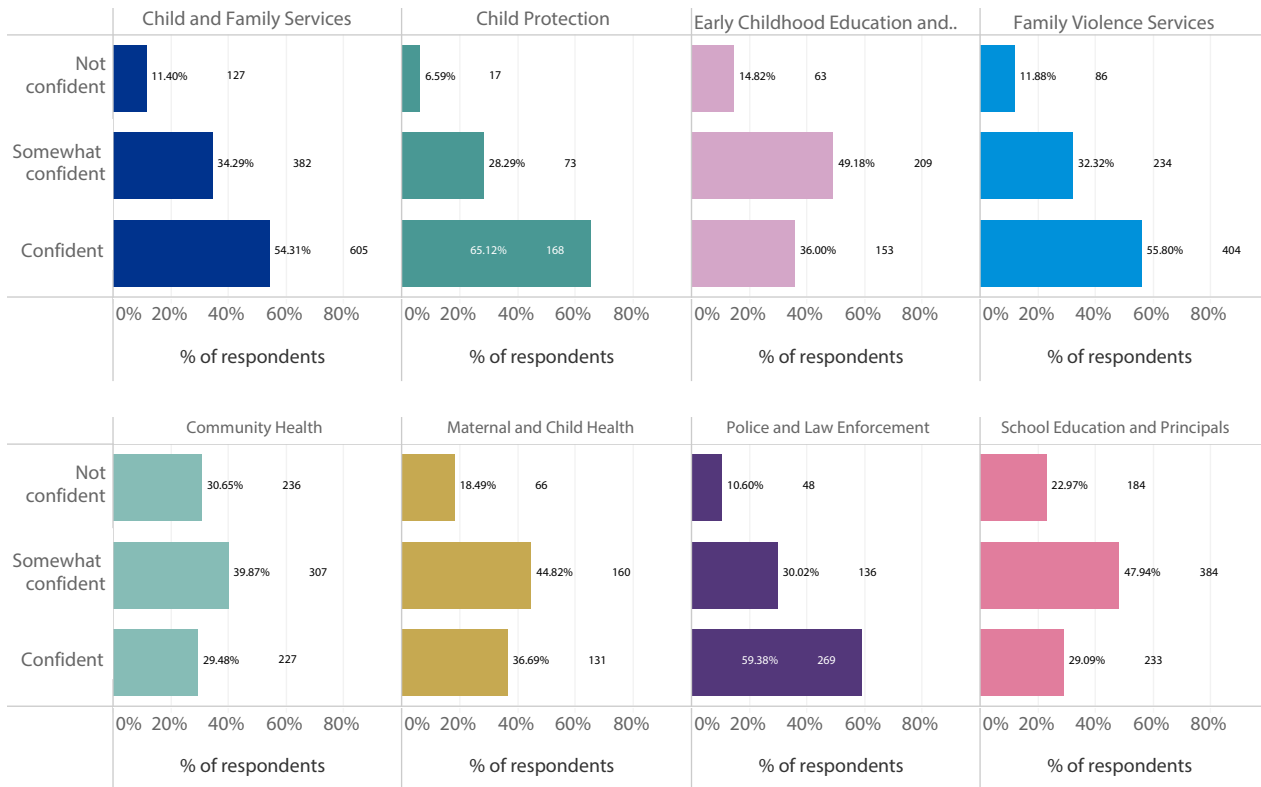
Figure 7: Confidence in managing the needs of children (all tiers)



Source: KPMG analysis of employee survey data

Figure 8 below shows that a number of respondents employed by services that interact with children frequently were 'not confident' or only 'somewhat confident' in managing the needs of children.

Figure 8: Confidence in managing the needs of children affected by family violence by selected services (all tiers)<sup>15</sup>



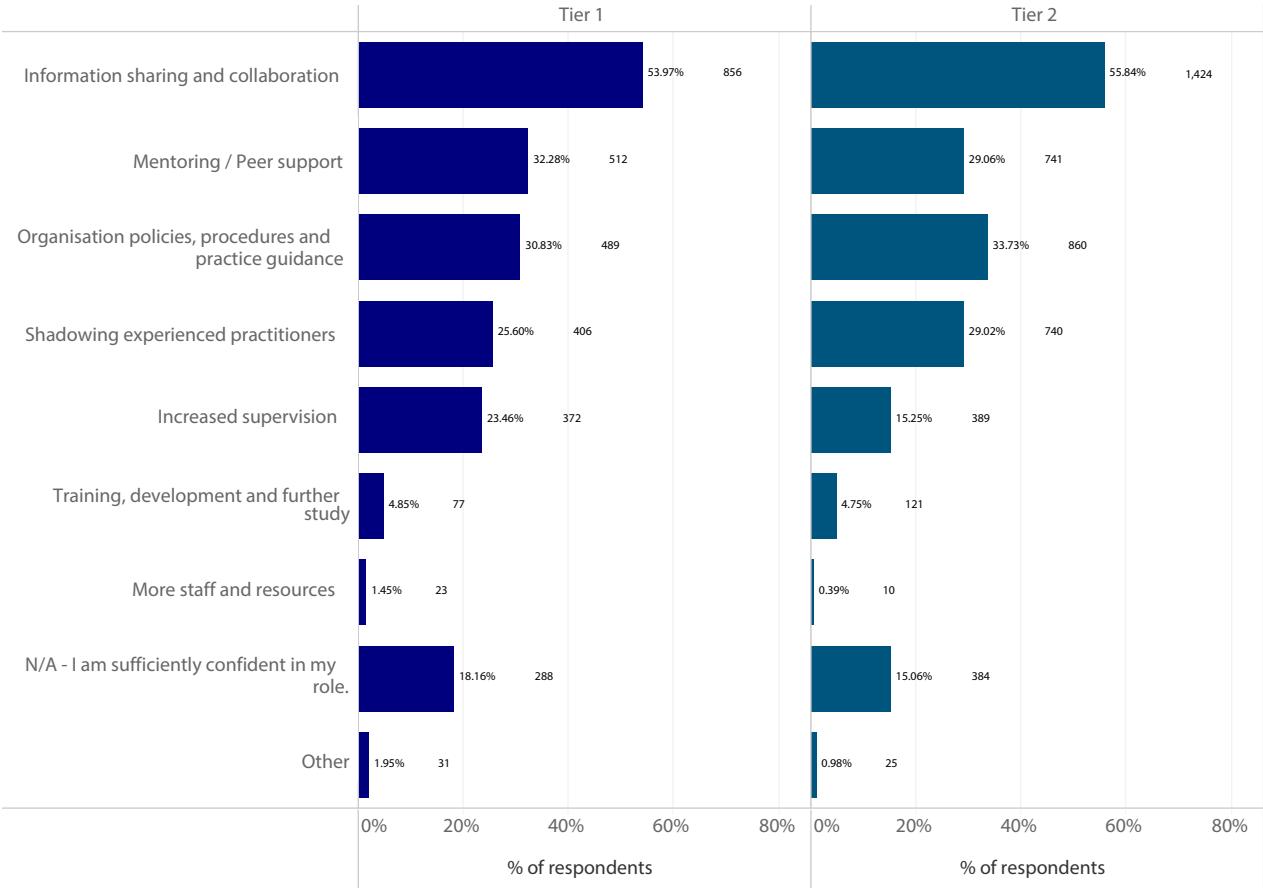
Source: KPMG analysis of employee survey data

15 This result is provided for insight only, since not all services listed had a sufficient response rate to enable definitive conclusions to be drawn. Care should be taken in extrapolating results to the population.

**Building workforce confidence**

In addition to training as a way of building workforce confidence, figure 9 below provides further insight into the support that survey respondents feel would increase their confidence in performing their role. Across Tiers 1 and 2, information sharing and collaboration rate most highly. For Tier 1 respondents, the next most commonly cited support is further mentoring and peer support.

**Figure 9: Further support required to increase confidence in their role (Tiers 1, 2)<sup>16</sup>**



Source: KPMG analysis of employee survey data

16 Respondents could select multiple responses.



## Barriers to responding to family violence

While about a quarter of respondents indicated that there were no barriers to responding to family violence, the survey revealed some differences between Tiers 2 to 4 with the most commonly cited barriers being:

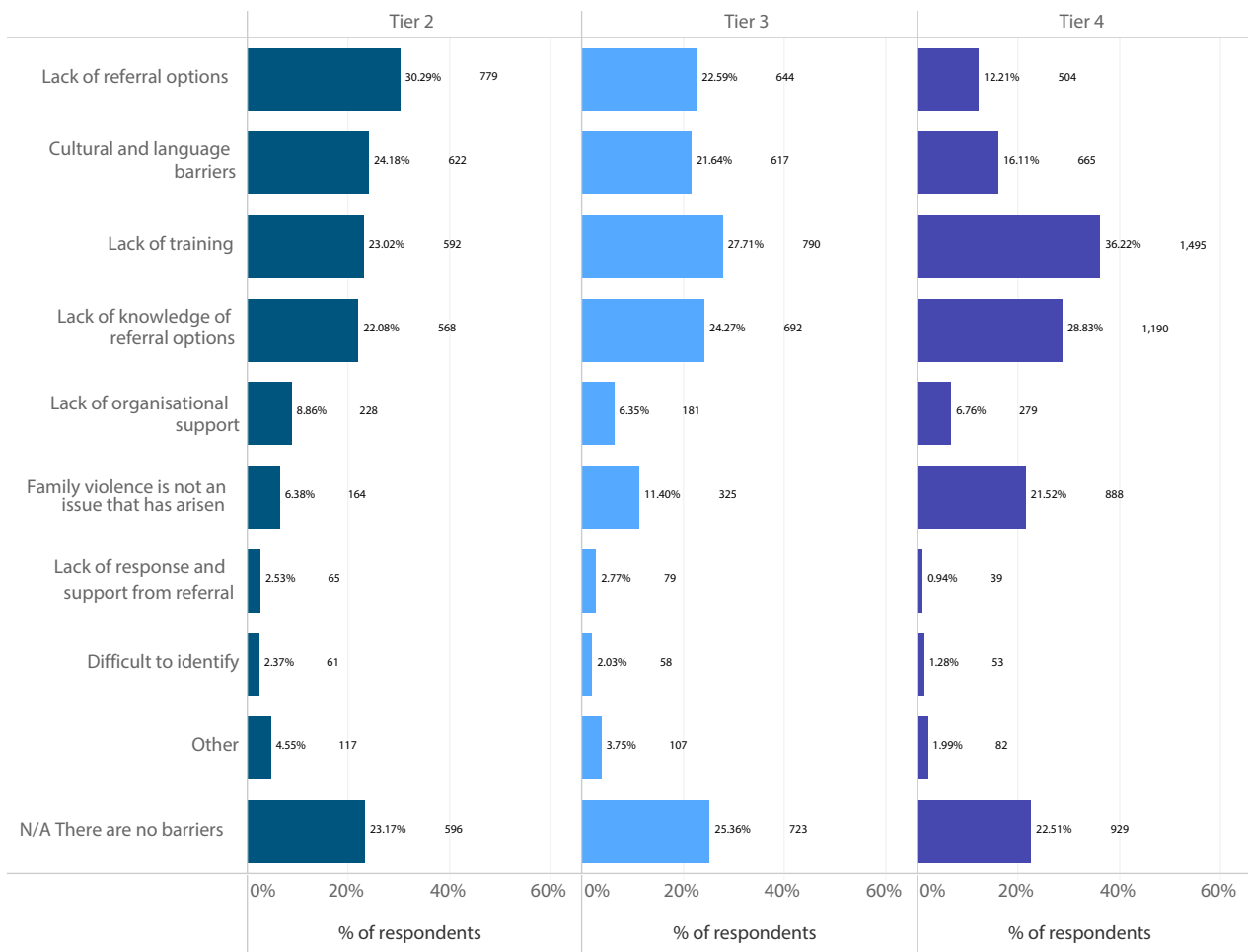
- lack of referral options (**30.3** per cent) for Tier 2 respondents
- lack of training for Tier 3 (**27.7** per cent) and Tier 4 (**36.2** per cent) respondents.

The range of barriers cited are summarised in figure 10 below.

The survey also found a variation in the perceived barriers to responding to family violence across industries, including that:

- a lack of training featured for employees working in Education and Training and Health
- a lack of knowledge about referral options featured for employees working in Health and Justice
- cultural and language barriers featured for those working in Emergency Services<sup>17</sup>
- a lack of referral options featured for those working Human Services/Community/Non-Government.

Figure 10: Barriers to responding to family violence (Tiers, 2, 3, 4)



Source: KPMG analysis of employee survey data

17 Responses for Emergency Services do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level and results are provided for insight only.

## Qualifications and experience

### Qualifications

Across all tiers, survey results indicate that around **70.0** per cent of respondents hold a Bachelor degree or higher qualification. Results across each tier are as follows:

- **70.1** per cent for Tier 1 workers
- **75.7** per cent for Tier 2 workers
- **72.3** per cent for Tier 3 workers
- **64.4** per cent for Tier 4 workers.

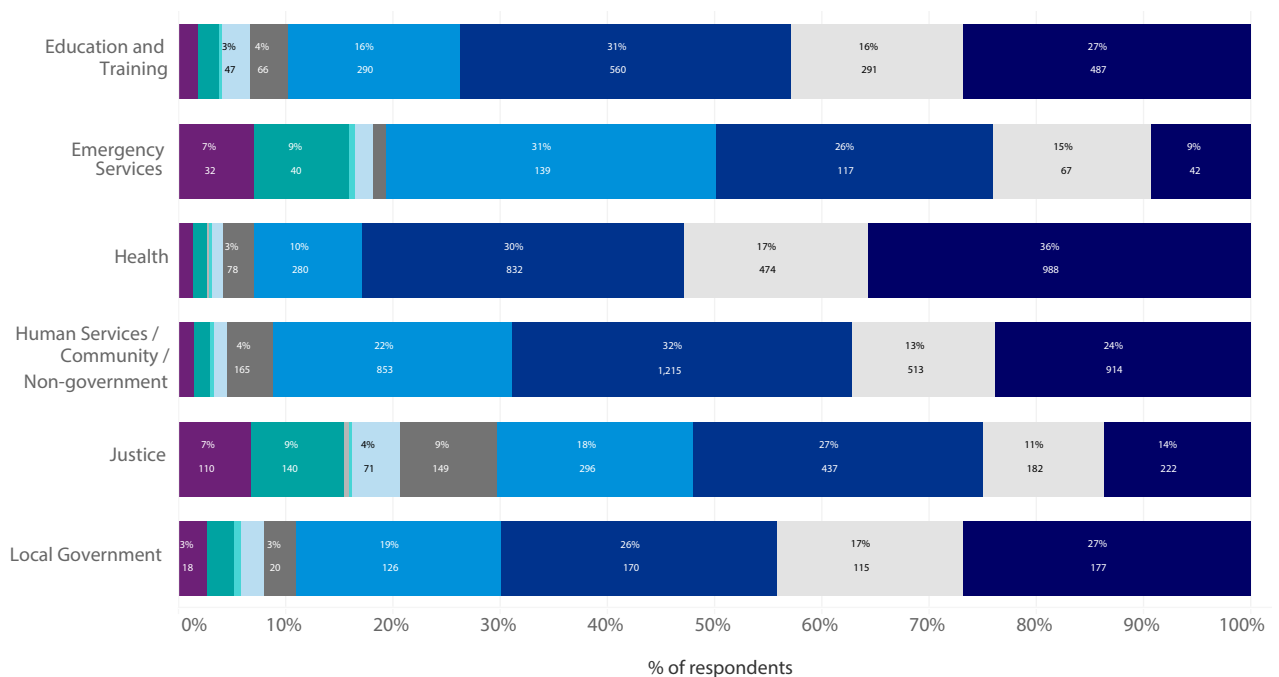
Qualifications by industry are shown in figure 11 below, with the most respondents with post graduate qualifications being in the health industry (**36.0** per cent).

It should be noted that many of the workforces intersecting with family violence may have requirements for minimum qualifications that also influence the proportions of qualifications observed.

Across all tiers, **social work** was the most commonly cited as their field of study. Notably, over **25.0** per cent of respondents in Tier 1 held social work qualifications. This lends weight to the Royal Commission's recommendation of the inclusion of a subject 'working with family violence' as a core requirement for all social work undergraduate degrees as a means to embed family violence knowledge into pre-service qualifications for future workers.<sup>20</sup>

The Royal Commission also recommended the introduction of minimum qualifications for specialist family violence practitioners, so that by 2020 all funded services must require family violence practitioners to hold a social work or equivalent degree (within five years).<sup>21</sup> Over **70** per cent of survey respondents who work in family violence services and men's behaviour change programs (across all tiers) report their minimum level of education to be a Bachelor degree or higher.

Figure 11: Highest level of education by industry (all tiers)<sup>18 19</sup>



#### Highest Education

- Year 11 or below (includes certificate I/II/NFD)
- Year 12
- Certificate I
- Certificate II
- Certificate III
- Certificate IV
- Diploma or Advanced Diploma
- Bachelor Degree
- Graduate Diploma or Graduate Certificate
- Postgraduate Degree

Source: KPMG analysis of employee survey data

18 Segments with fewer than five respondents are not labelled.

19 Responses for Local Government and Emergency Services do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level and are provided for general insight only.

20 Royal Commission into Family Violence, Report and recommendations, Vol. VI, p.203.

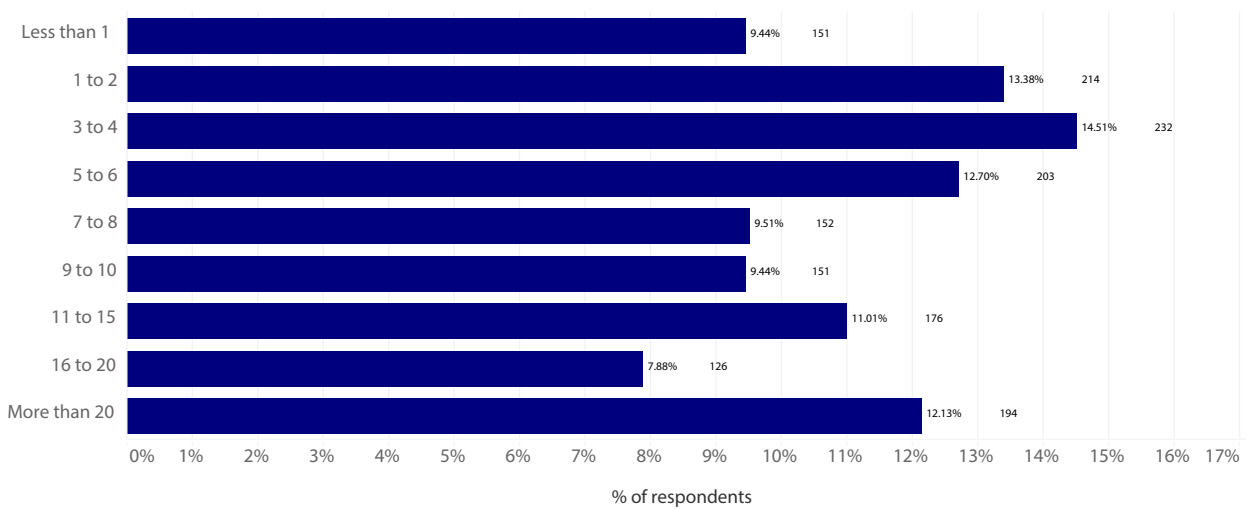
21 Ibid.

## Experience

The Royal Commission heard that given the stressful, emotional and fatiguing nature of specialist family violence work, qualifications alone are unlikely to adequately prepare workers for the demands of their role.<sup>22</sup> The Royal Commission also heard that experienced workers are required to both provide high quality services to individuals they work with, as well as support newer workers entering the sector. When there are too few experienced workers, those who are experienced may be required to spend much of their time providing newer staff members with training, support and supervision.<sup>23</sup>

As depicted in figure 12, there is a range of experience among respondents in Tier 1, with almost one third with more than eleven years of experience and just over a fifth (22.8 per cent) with less than two years of experience.

Figure 12: Years of experience in the sector (Tier 1)



Source: KPMG analysis of employee survey data

22 Ibid, p.171.

23 Domestic Violence Victoria (2015), Specialist Family Violence Services: The Heart of an Effective System, Domestic Violence Victoria Submission to the Royal Commission into Family Violence, p.43.

## EMPLOYMENT CONDITIONS AND CAREER PATHWAYS

The Royal Commission heard about the challenges faced by services in attracting and retaining staff because of the sector’s low remuneration, and tendency towards unstable or under employment, due to a prevalence of short term contracts and part time conditions. Other aspects of workplace experience that may impact staff retention and wellbeing can include frequency of unpaid and paid out-of-hours work, access to quality clinical supervision and organisational readiness with regard to vicarious trauma.

This section has a primary focus on Tier 1 respondents, and contains census results in relation to:

- employment conditions, including hours worked and activities undertaken
- career pathways, including motivation for working in the sector.

### Employment conditions

The survey captured data on remuneration and work conditions for Tiers 1, 2 and 3. Payroll data on these categories was collected for Tiers 1 and 2 only and is considered more reliable for reporting against employment conditions.

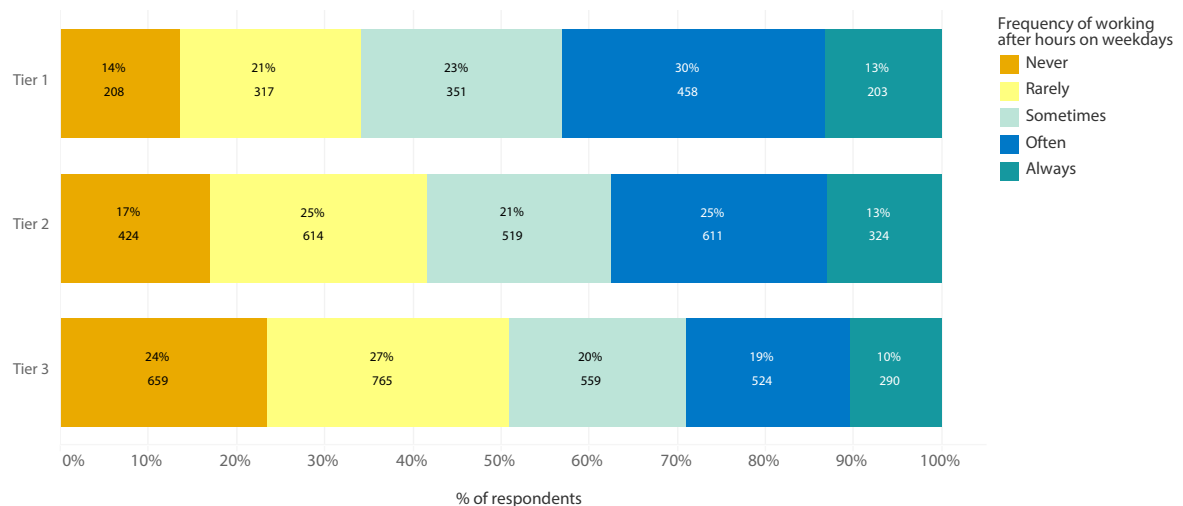
Key findings from payroll data regarding employment conditions are as follows:

- Close to a third (**36.3** per cent) of Tier 1 employees are employed on a part time basis.
- A median full time salary of **\$71,274** was reported for Tier 1 employees and **\$74,673** for Tier 2 employees.<sup>24</sup>
- Across Tier 1, payroll data confirms that government employees have a higher median salary than non-government employees.
- There is a gender pay gap within Tier 1, with male respondents receiving a higher salary than female respondents, on average.
- Across both Tiers 1 and 2, data captured on employee industrial classification was of poor quality, potentially reflecting a complex and varied industrial landscape.

### Hours worked

The survey asked respondents to provide information on how often they were required to work outside normal business hours (paid work). Tier 1 respondents (**43.0** per cent) most commonly reported working outside normal business hours ‘often and always’, as shown in figure 13 below.

Figure 13: Frequency of working after hours by tier (Tiers 1,2,3)<sup>25</sup>



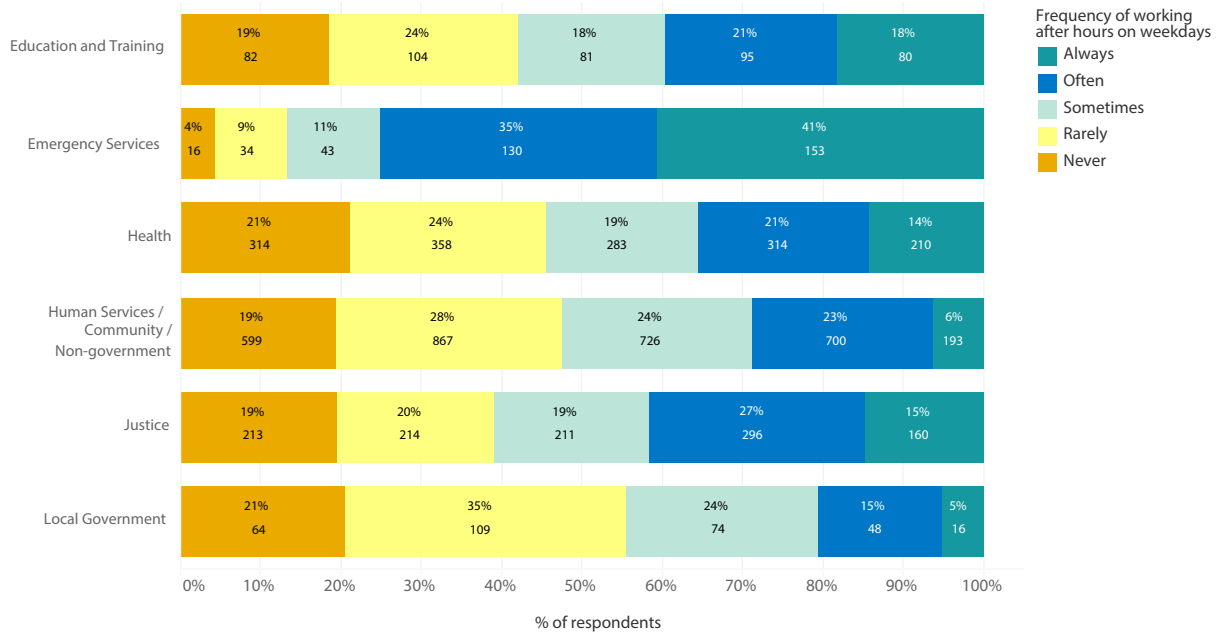
Source: KPMG analysis of employee survey data

<sup>24</sup> It should be noted that a third of Tier 1 employees work on a part time basis and receive a pro-rata salary.

<sup>25</sup> Respondents were provided the following guide for each option: Always (i.e daily); often (i.e at least once a week but not every day); sometimes (i.e around once per month); rarely (i.e perhaps a few times per year); or Never.

Survey results were also considered on an industry basis. It was found that employees working in Emergency Services (**41.0** per cent) most commonly reported working outside of normal business hours, likely reflecting shift work requirements. Other industries also reported high levels of working outside hours as shown in figure 14 below.<sup>26</sup>

Figure 14: Frequency of working after hours by tiers (Tiers 1,2,3)



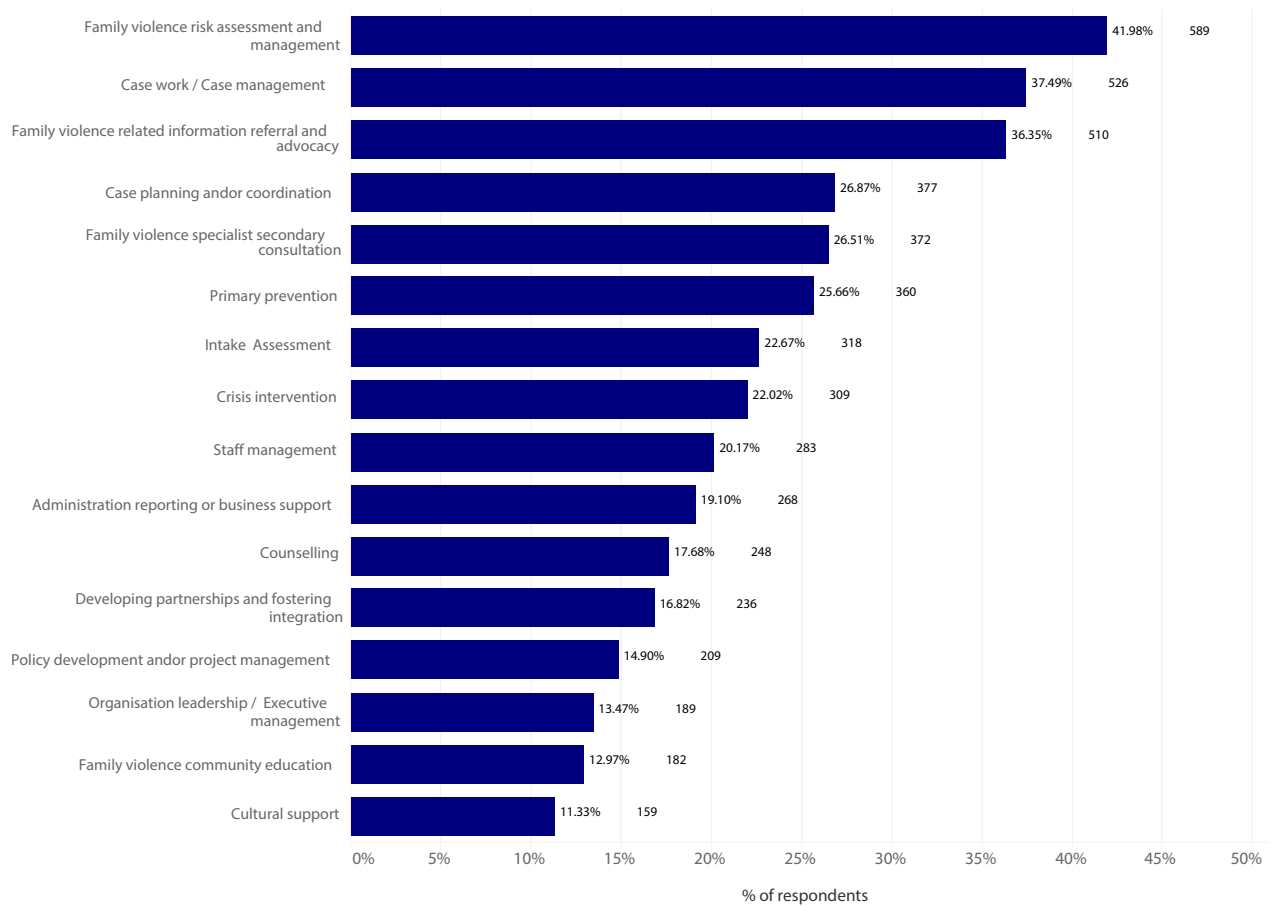
Source: KPMG analysis of employee survey data

26 Responses for Local Government and Emergency Services do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level and are provided for general insight only.  
 27 Respondents were provided with the following guide for each option. Always (i.e daily); often (i.e at least once a week but not every day); sometimes (i.e around once per month); rarely (i.e perhaps a few times per year); or Never.

## Activities

Tier 1 respondents commonly reported spending all or most of their time working on multiple activities, including family violence risk assessment and management (**41.9** per cent), case management (**37.5** per cent), family violence related information referral and advocacy (**36.4** per cent), case planning and coordination (**26.9** per cent) and secondary consultations (**26.5** per cent). A breakdown of all reported activities can be found in figure 15 below.

Figure 15: Tasks employee respondents spend all or most of their time undertaking (Tier 1 only)<sup>28</sup>



Source: KPMG analysis of employee survey data

28 Survey respondents could select multiple answers.

## Career pathways

### Motivations and perceptions

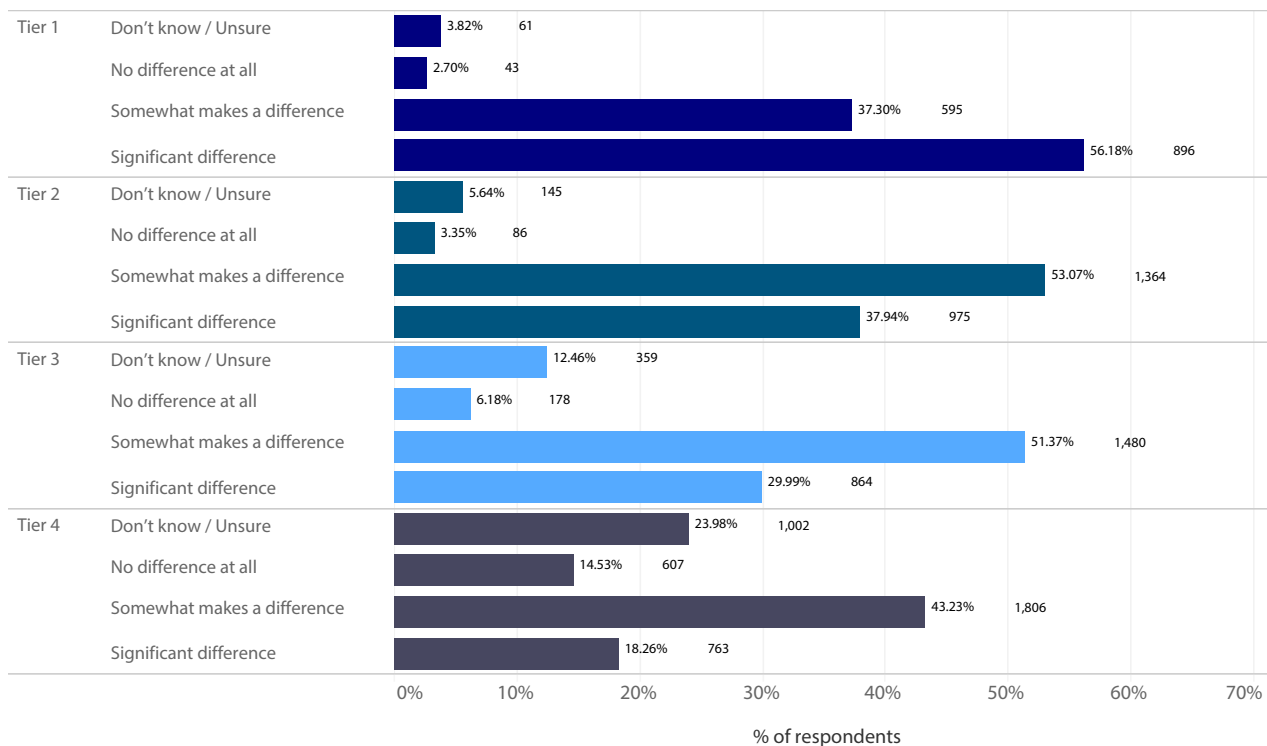
Overall results for survey respondents indicate that workforces across all tiers display high levels of engagement and connection, with the majority of respondents indicating that they felt their work made 'somewhat of a difference' to a 'significant difference' in relation to family violence. This was strongly evident for Tier 1 respondents, with **56.2** per cent perceiving that their work makes a 'significant difference' and **37.3** per cent as 'somewhat makes a difference.'

In relation to Tier 1 workforces directly working with victim survivors or perpetrators of family violence or engaged in primary prevention activities, survey respondents demonstrated a strong sense of altruism in choosing their profession. The top reasons cited for working in the sector are a commitment to prevention and/or responding to family violence (**71.4** per cent), a desire to help others (**62.4** per cent) and to do something worthwhile (**58.4** per cent).

Factors such as pay, job security, flexibility of hours and career prospects were not commonly selected reasons for working in the family violence or primary prevention sectors.

Figure 16 below shows that the proportion of employee respondents within each tier who responded that their work makes 'no difference at all' to people affected by family violence increases from Tier 1 to Tier 4, as does the proportion of 'unsure' respondents.

**Figure 16: Employee survey respondent perception of the difference their work makes to people affected by family violence (all tiers)**



Source: KPMG analysis of employee survey data

### Pathways to current employment

An analysis of survey responses from Tier 1 employees indicates a wide range of pathways to their current workplace.<sup>29</sup>

- Around a third of respondents (**33.9** per cent) had transferred into their current workplace from another agency doing similar work within the same sector.
- Approximately one quarter (**24.8** per cent) of respondents had transferred into their current workplace from a related sector.
- Over one quarter of respondents (**28.7** per cent) had previously worked in an unrelated sector.
- Approximately one quarter (**26.5** per cent) of respondents had directly entered the family violence sector from studying, a student placement or volunteer position.

### HEALTH AND WELLBEING

The Royal Commission commended family violence workers for their ongoing support of victim survivors and commitment to ending family violence, saying it was struck by contributing workforces' dedication, knowledge and expertise, despite the 'stressful, emotional and fatiguing' nature of family violence work.<sup>30</sup>

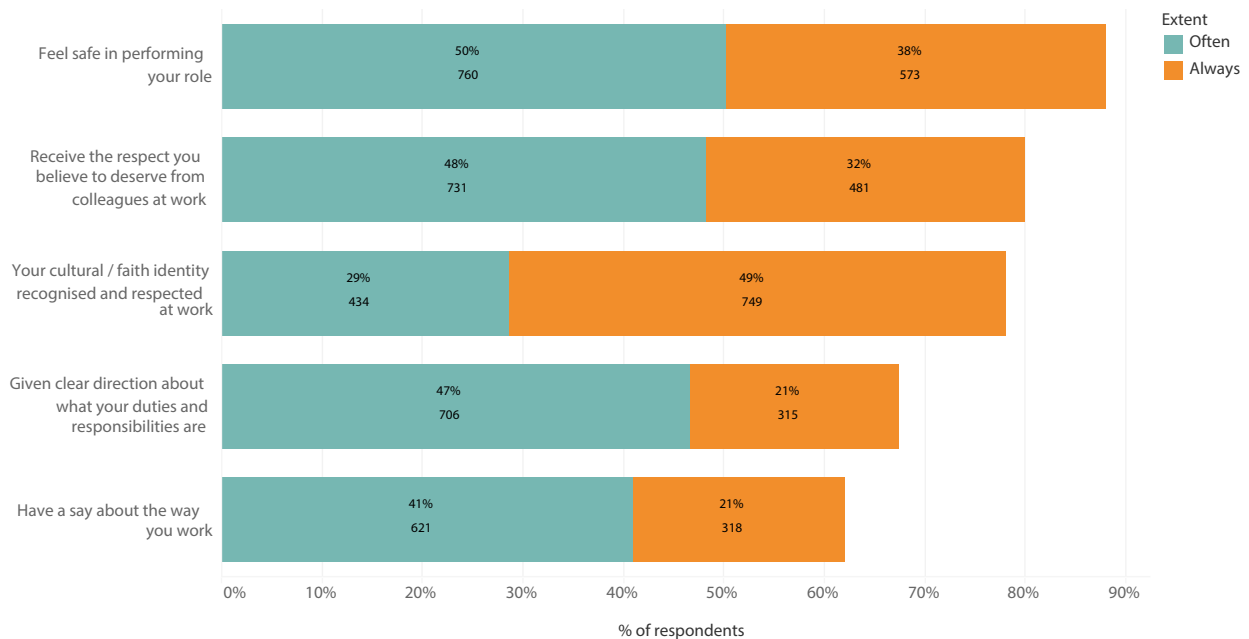
The Royal Commission commented on the family violence sector's high rates of burnout and vicarious trauma because of the nature of the work, pressures created by heavy demand, and frustration due to external factors that stop the client's needs from being met.

#### Workplace experience

Survey respondents were asked to indicate the frequency of a range of health and wellbeing related aspects in their work, including direction, respect, safety and bullying.

As indicated in figure 17 below, the majority of Tier 1 survey respondents were more likely to report 'often' or 'always' feeling safe while performing their role (**88.0** per cent) and that their cultural/faith identity (**78.0** per cent) is recognised and respected in the workplace.<sup>31</sup> However, an analysis of free text comments from the survey did reveal workplace bullying as an area of concern.

Figure 17: Most frequently experienced aspects of work while performing duties (Tier 1)



Source: KPMG analysis of employee survey data

29 Survey respondents could select multiple responses

30 Ibid, p.179

31 Whether the proportion of employees who feel their cultural or faith identity is recognised and respected at work varies depending on demographics has not been reported due to under-representation of diverse communities in survey respondents.



The data shown in figure 17 does not distinguish the experiences of respondents from diverse backgrounds owing to under-representation of diverse communities in the survey sample.

Some other key findings in relation to workplace experience for Tier 1 survey respondents are as follows:

- **20.0** per cent of Tier 1 survey respondents reported they 'rarely' or 'never experience' sufficient time to complete their tasks, which is consistent with survey findings relating to the frequency of additional unpaid work undertaken by employee survey respondents.
- Tier 1 respondents commonly indicated they were either completely or mostly satisfied with the nature of the work they performed (**76.0** per cent), their working conditions (**70.0** per cent), and had overall work satisfaction (**65.0** per cent).
- Tier 1 respondents commonly reported that they were either 'not very satisfied' or 'not satisfied at all' with opportunities for promotion and advancement (**29.0** per cent), pay compensation (**28.0** per cent), and time to collaborate (**23.0** per cent).

### Retention and future intentions

Employee retention refers to the ability of an organisation to retain its employees. Payroll data indicates that over **63.2** per cent of Tier 1 workforces have worked for their organisation for less than five years. This is considered consistent with labour force data indicating an average Australian job tenure of three years four months.<sup>32</sup>

Survey respondents were asked if they were considering leaving their current workplace. Results were fairly consistent across Tiers 1 to 3 with close to **35.0** per cent of respondents indicating they were considering leaving. For Tier 1, burn-out was the most commonly cited reason for considering leaving their workplace, followed by a lack advancement opportunities and career prospects. However, respondents in rural locations cited the end of contract as the most common reason for leaving a workplace, which did not feature highly for respondents in metropolitan or regional areas.

### Burn-out

Burn-out is a psychological response to chronic stress, resulting in emotional exhaustion, detachment from clients, and reduced personal accomplishment. Burn-out is attributed to work-life imbalances, which includes an overload of work demands, lack of control, insufficient reward, value conflicts and a breakdown of sense of community.<sup>33</sup>

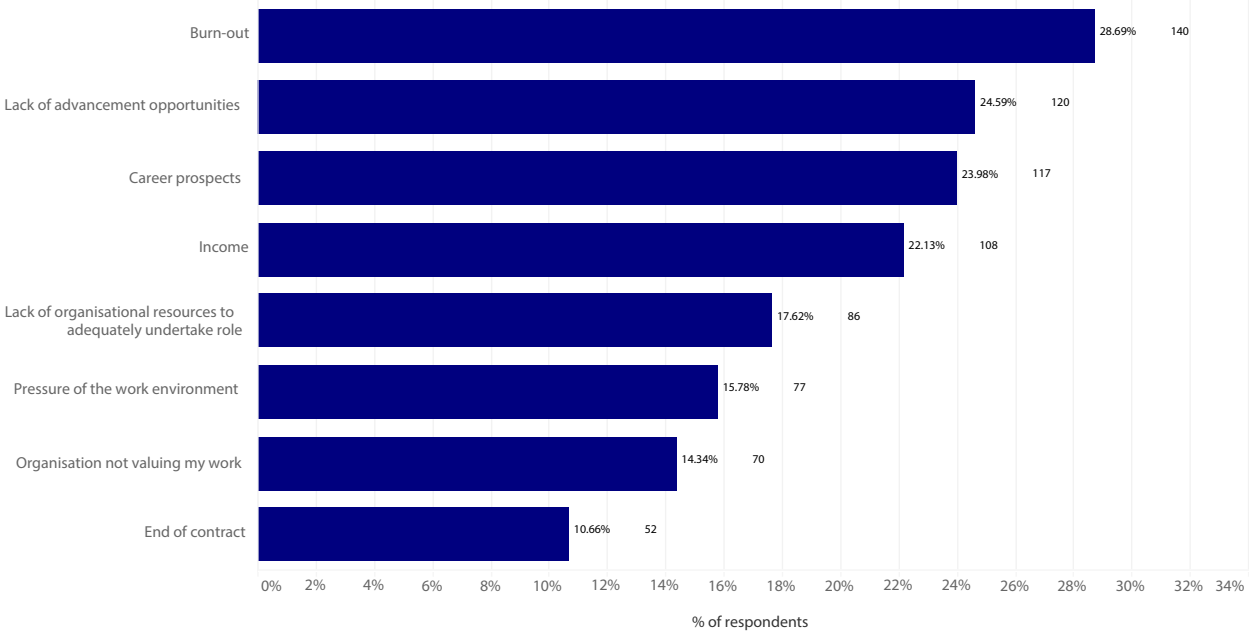
Figure 18 shows results for Tier 1 survey respondents who indicated they were considering leaving their job in the next 12 months. Almost one-third of them (**28.7** per cent) nominated burn-out as the reason to anticipate leaving, followed by lack of career advancement opportunities (**24.6** per cent).

As additional insight, Tier 1 respondents who work for an organisation with more than 100 employees reported that they are more likely to consider leaving due to burn-out (**30.0** per cent) and lack of advancement opportunities (**23.0** per cent), while Tier 1 employees who work for an organisation with 100 employees or less reported they are more likely to consider leaving their organisation due to income considerations (**24.0** per cent) and career prospects (**22.0** per cent).

32 Australian Government (2013), *Australian Public Service Commission, Strategic Workforce Analysis and Reporting Guide*.

33 Leiter, M. P. and Maslach, C. (1997), *The truth about burnout: How organizations cause personal stress and what to do about it*.

Figure 18: Most common anticipated reasons for leaving (Tier 1)<sup>34</sup>



Source: KPMG analysis of employee survey data

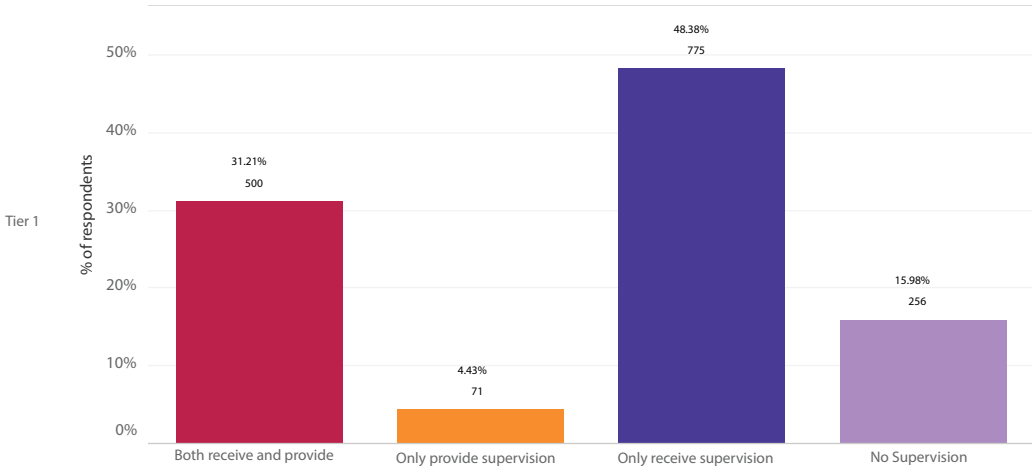
**Clinical supervision**

Supervision is defined in the survey as supervision aimed at developing a practitioner’s clinical awareness and skills in recognising and managing personal responses, value clashes and ethical dilemmas.

Across Tier 1, the majority of survey respondents receive supervision as shown in figure 19 below. Supervision is most commonly received monthly and provided by their line manager with the majority of Tier 1 respondents rating the quality of supervision they received highly.

However, **16.0** per cent of Tier 1 respondents indicated that they do not receive any supervision. When asked to provide some context for this, over half of these respondents (**56.3** per cent) stated that supervision was not required or applicable to their role, while the remainder indicated that supervision was not provided due to funding and/or organisational capacity.

Figure 19: Professional supervision across Tier 1



Source: KPMG analysis of employee survey data

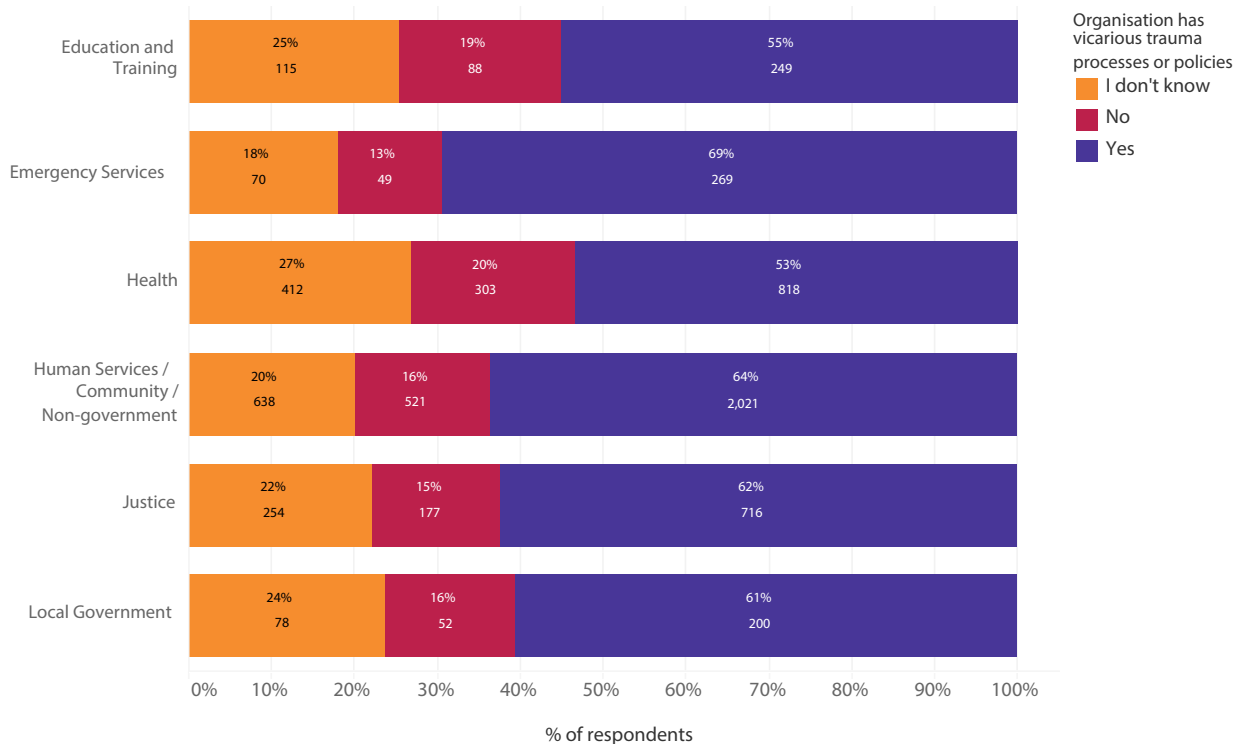
34 Survey respondents could select multiple answers.

## Vicarious trauma

Vicarious trauma is defined as the experience of trauma that stems from indirectly living the experiences, thoughts and emotions of those undergoing or recounting traumatic events. The Royal Commission recommended that data be collected about how well this trauma is managed. This is important given the greater role some workforces will have in the prevention and response to family violence.

Across Tiers 1 to 3, approximately **61.0** per cent of respondents cited that their organisation has policies or procedures in place to recognise and manage vicarious trauma. This did not vary greatly across tiers, however there was some variation across industries. For example, survey respondents working in Emergency Services were more likely to respond that their organisation had vicarious trauma policies (**69.0** per cent)<sup>35</sup>, while respondents working within the Health industry were least likely to respond that their organisation had vicarious trauma policies (**53.0** per cent). A further breakdown of results is shown in figure 20 below.

Figure 20: Vicarious trauma policies by industry (Tiers 1, 2, 3)<sup>36</sup>



Source: KPMG analysis of employee survey data

35 Responses for Emergency Services do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level and are provided for insight only.

36 Responses for Local Government and Emergency Services do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level and are provided for general insight only.

Not all respondents, however, had confidence in the effectiveness of these policies and procedures as shown in figure 21 below. For example, respondents employed in the Human Services/Community/ Non-government industry (41.0 per cent) were most likely to consider their organisation’s vicarious trauma policies and practices to be ‘very effective’ or ‘extremely effective’ while respondents in the Emergency Services and Justice industries were least likely to be aware of or to consider their organisation’s vicarious trauma policies and practices effective.

Figure 21: Effectiveness of vicarious trauma policies and practices by industry (Tiers 1, 2, 3)<sup>37 38</sup>



Source: KPMG analysis of employee survey data

37 Segments with fewer than five respondents are not labelled.  
 38 Responses for Local Government and Emergency Services do not meet the minimum sample size for a +/- 2.5 per cent margin of error at a 95 per cent confidence level and are provided for general insight only.

# Attachment 1: Sector profiles

Profiles are provided for the following sectors to give insights into the experiences of their workforces and to inform sector-led workforce planning. These sectors were chosen because their response rates were sufficient to ensure a level of data reliability.

Tier 1	Broader Tiers
<ul style="list-style-type: none"> <li>• Family Violence Services</li> <li>• Men's Behaviour Change Services</li> <li>• Prevention of Violence against Women</li> </ul>	<ul style="list-style-type: none"> <li>• Child and Family Services</li> <li>• Community and Hospital-Based Mental Health</li> <li>• Corrections and Community Corrections</li> <li>• Homelessness Services</li> <li>• Hospital Services</li> <li>• Parenting Services</li> <li>• School Education</li> </ul>

## STRUCTURE OF PROFILES

### Workforce profile

- gender
- age
- highest level of education
- employment status
- tenure at current organisation (only those that participated in the payroll data collection)

### Capability and confidence in relation to family violence

- survey respondents' perceptions regarding family violence related work
- proportion of workforce that has undertaken family violence/primary prevention training

- proportion of workforce who do not consider they require family violence training
- confidence in having enough experience and training to perform role effectively
- confidence in identifying those who are experiencing family violence
- confidence in responding to a disclosure of family violence
- confidence in managing the needs of children affected by family violence
- barriers to training

### Health and wellbeing

- proportion who receive clinical supervision
- satisfaction with clinical supervision
- organisational policies and procedures on vicarious trauma
- effectiveness of policies and procedures

The majority of information provided in the profiles is at least at an 80 per cent confidence level with a +/- 2.5 per cent margin of error. Where this level of data reliability is not possible, this is noted.

In some instances, a confidence level could not be obtained owing to sampling limitations. These results have still been provided for insight and planning purposes, and have been noted. Care should be taken with extrapolating these to the population.

Some survey questions were asked only of some tiers, and this is noted for each result. Payroll data was collected for only Tier 1 and 2 employees.

# FAMILY VIOLENCE SERVICES

The number of survey respondents identifying as working in Family Violence Services was **729**. Of these survey respondents 495, 123, 83, 28 self-selected into Tiers 1, 2, 3 and 4 respectively.

The payroll data for organisations mapped to Family Violence Services collected records on 795 employees.

## WORKFORCE PROFILE

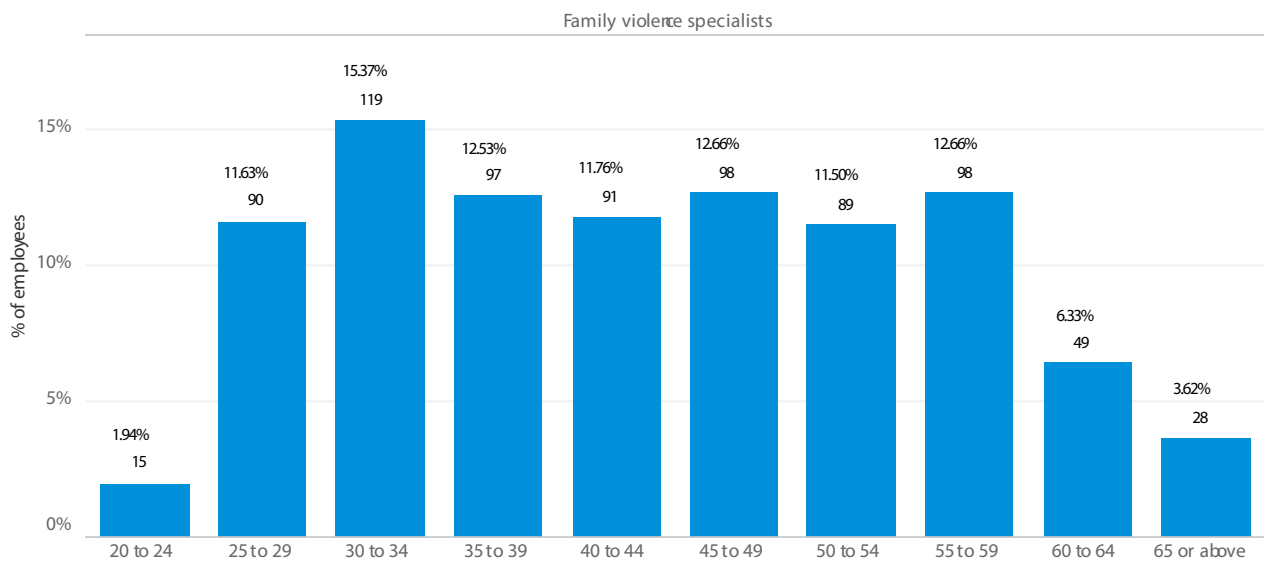
### Gender

Payroll data indicate that **97.0** per cent of employees in Family Violence Services are female and **3.0** per cent are male.

### Age

Payroll data indicate that **28.9** per cent of employees who work in Family Violence Services are aged less than 35 years.

Figure 1: Age of employees working in Family Violence Services

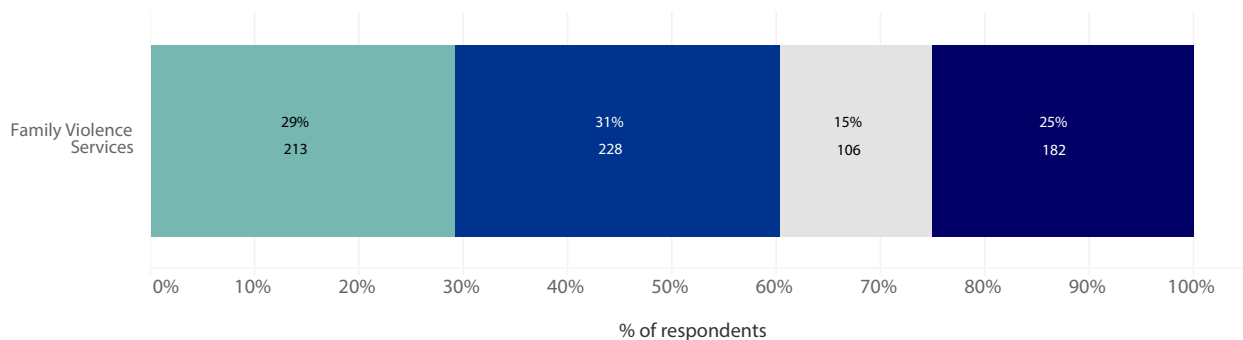


Source: KPMG analysis of employer payroll data

### Qualifications

Survey results indicate that **71.0** per cent of survey respondents who work in Family Violence Services across all tiers report that their highest level of education is a Bachelor Degree or higher.

Figure 2: Highest level of education of survey respondents working in Family Violence Services (all tiers)



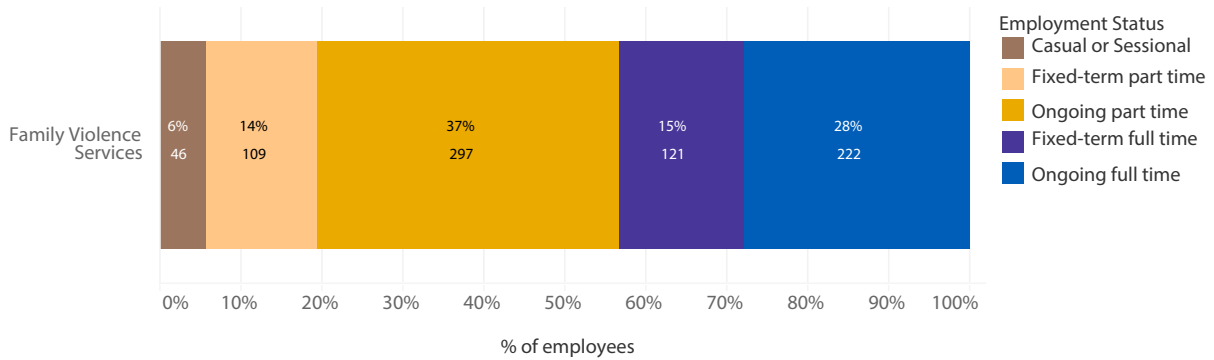
- Highest Education
- Year 11 or below, Year 12, Certificate I to IV
  - Bachelor Degree
  - Graduate Diploma or Graduate Certificate
  - Postgraduate Degree

Source: KPMG analysis of employee survey data

### Employment status

Payroll data indicate that **57.0** per cent of employees in Family Violence Services are employed on either a part time, casual or sessional basis.

Figure 3: Employment status of employees working in Family Violence Services

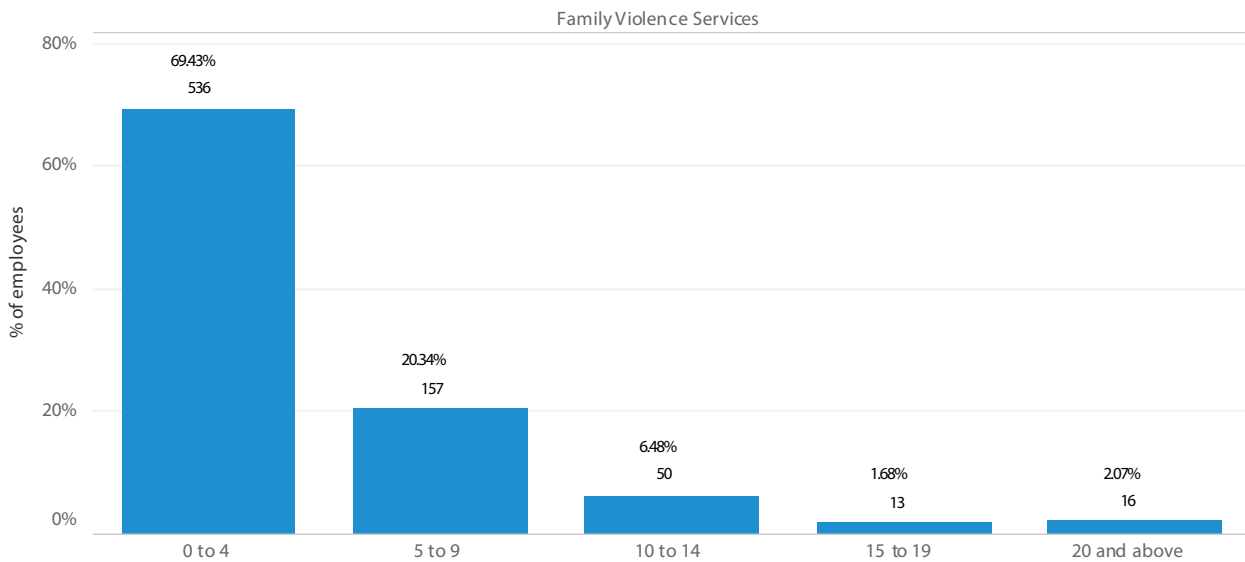


Source: KPMG analysis of employer payroll data

### Tenure at current organisation

Payroll data indicate that **69.4** per cent of employees who work in Family Violence Services have worked at their current organisation for zero to four years.

Figure 4: Tenure in years of employees working in Family Violence Services at current organisation



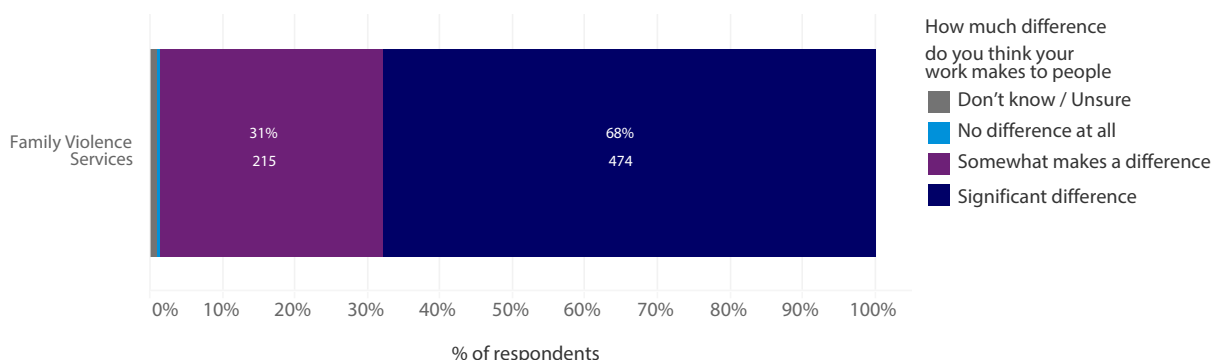
Source: KPMG analysis of employer payroll data

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents' perceptions regarding family violence related work

Survey results indicate that **99.0** per cent of survey respondents who work in Family Violence Services across all tiers report that they perceive their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 5: Perceptions of survey respondents who work in Family Violence Services regarding the difference their work makes to people affected by family violence (all tiers)<sup>39</sup>



Source: KPMG analysis of employee survey data

### Proportion of workforce that has undertaken family violence/primary prevention training

Survey results indicate that **88.9** per cent of survey respondents who work in Family Violence Services across all tiers have undertaken formal and/or informal training on family violence or primary prevention.

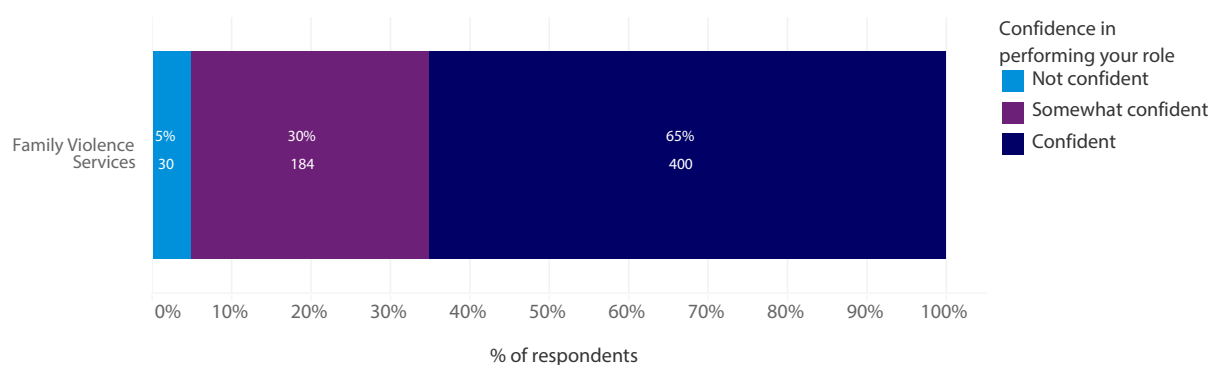
### Proportion of workforce who do not consider they require family violence training

Survey results indicate that **31.2** per cent of survey respondents who work in Family Violence Services across all tiers do not consider a need for family violence or primary prevention training to perform their role.

### Confidence in having enough experience and training to perform role effectively

Survey results indicate that **65.0** per cent of survey respondents who work in Family Violence Services, and identifying as Tier 1 or 2, are confident that they have had enough training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

Figure 6: Confidence of survey respondents who work in Family Violence Services in having enough experience and training to effectively perform role (Tier 1 and 2 only)<sup>40</sup>



Source: KPMG analysis of employee survey data

<sup>39</sup> Segments with fewer than five survey respondents are not labelled.

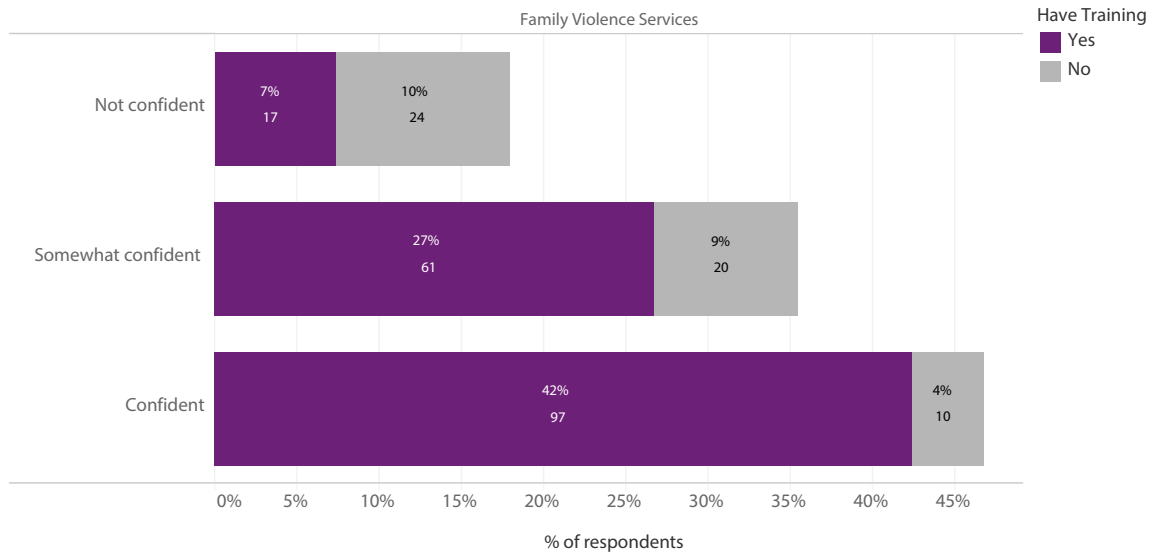
<sup>40</sup> This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.



### Confidence in identifying those who are experiencing family violence

Survey results indicate that **46.0** per cent of survey respondents who work in Family Violence Services **who did not identify as Tier 1** report that they are confident in identifying those who are experiencing family violence. Of these, the majority have received family violence training.

Figure 7: Confidence of survey respondents who work in Family Violence Services in identifying family violence (Tier 2, 3, 4)<sup>41</sup>

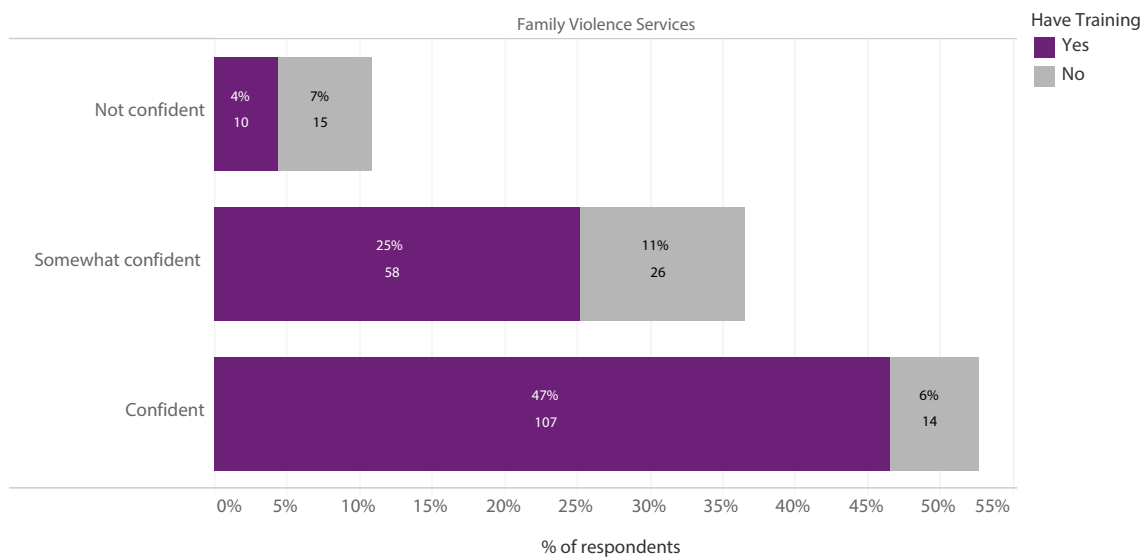


Source: KPMG analysis of employee survey data

### Confidence in responding to a disclosure of family violence

Survey results indicate that **53.0** per cent of survey respondents who work in Family Violence Services who did not identify as Tier 1 report that they are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

Figure 8: Confidence of survey respondents who work in Family Violence Services in responding to family violence (Tier 2, 3, 4)<sup>42</sup>



Source: KPMG analysis of employee survey data

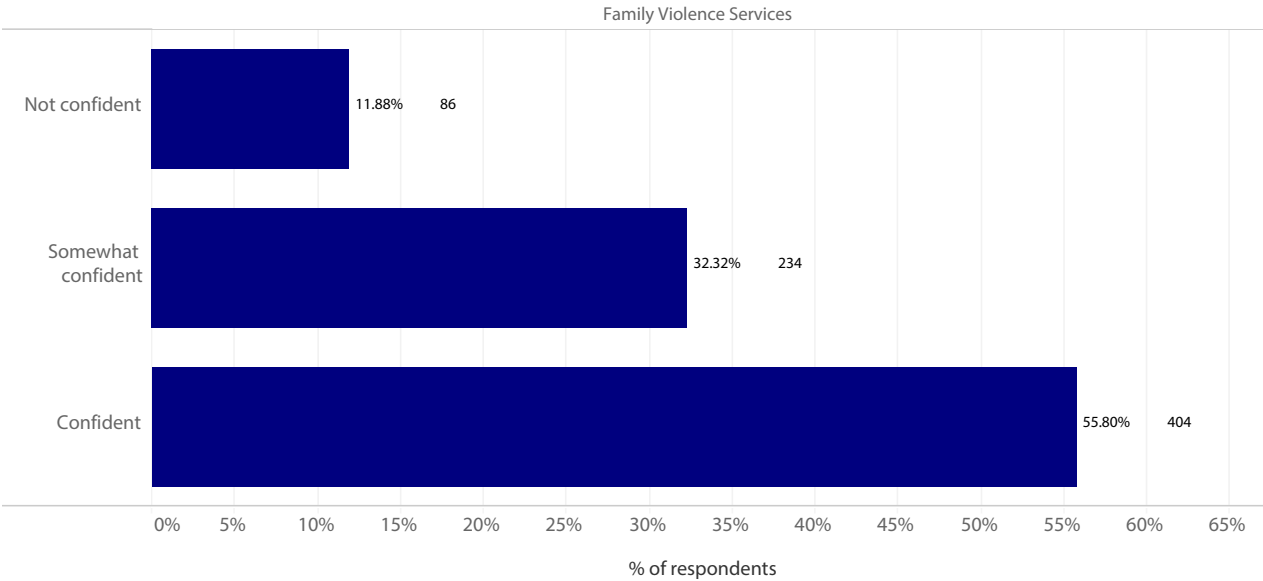
41 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

42 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in managing the needs of children affected by family violence**

Survey results indicate that **55.8** per cent of survey respondents who work in Family Violence Services across all tiers report that they are confident in managing the needs of children affected by family violence.

**Figure 9: Confidence of survey respondents who work in Family Violence Services in managing the needs of children affected by family violence (all tiers)**

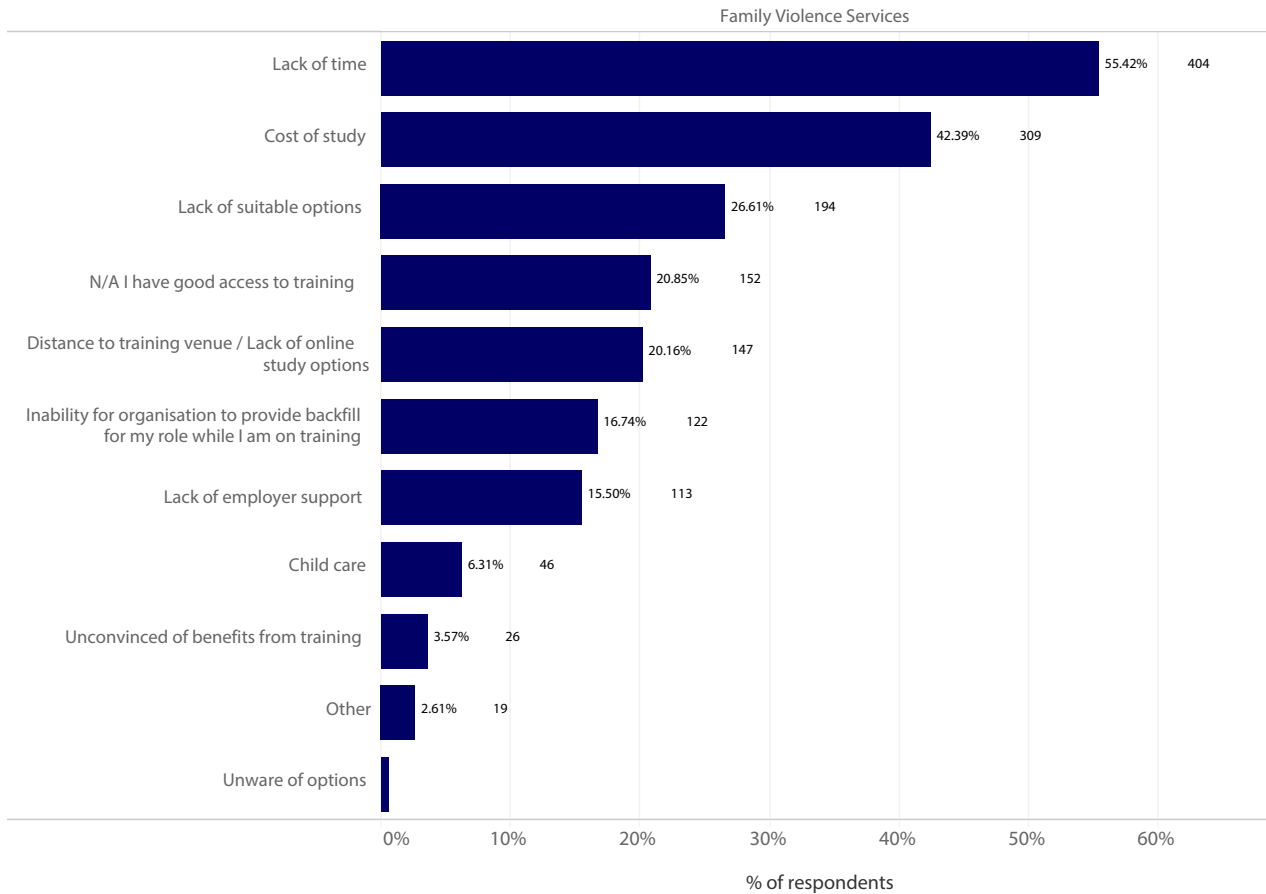


Source: KPMG analysis of employee survey data

### Barriers to training

Survey results indicate that **55.4** per cent of survey respondents who work in Family Violence Services across all tiers cite lack of time as a barrier to accessing training.

Figure 10: Barriers to training cited by survey respondents who work in Family Violence Services (all tiers)<sup>43 44</sup>



Source: KPMG analysis of employee survey data

43 273 unique survey respondents answered this question. Respondents could provide multiple answers.

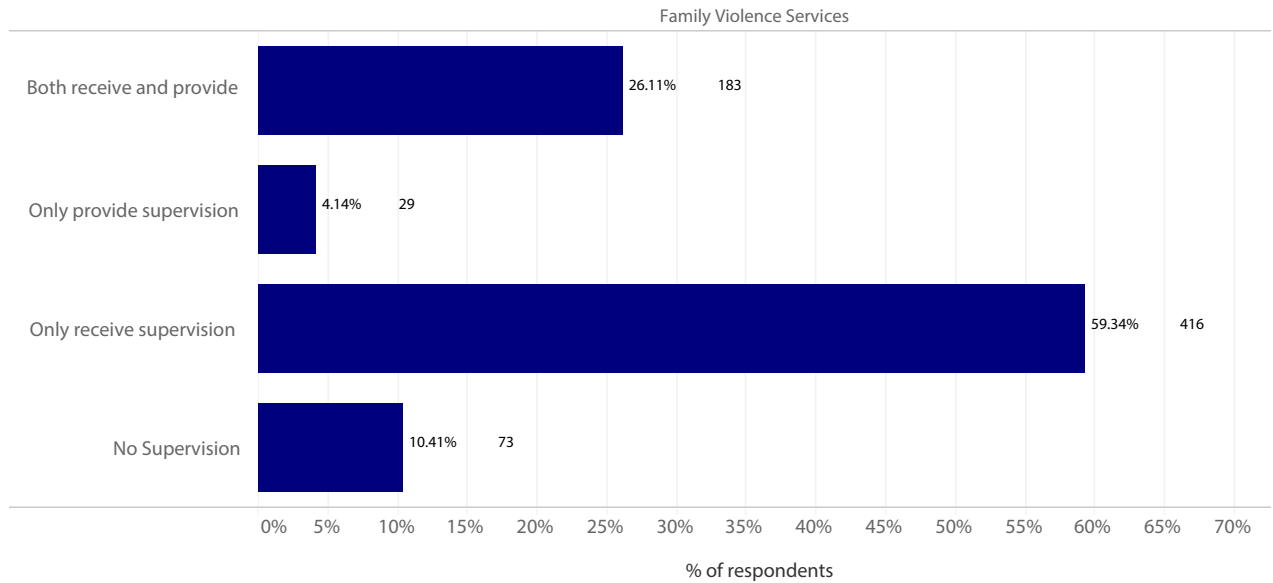
44 Segments with fewer than five survey respondents are not labelled.

## HEALTH AND WELLBEING

### Proportion who receive clinical supervision

Survey results indicate that **10.4** per cent of survey respondents who work in Family Violence Services and identify in Tiers 1, 2 or 3 report that they do not receive any supervision in their role.

Figure 11: Supervision receipt and provision by survey respondents who work in Family Violence Services (Tier 1, 2, 3)<sup>45</sup>

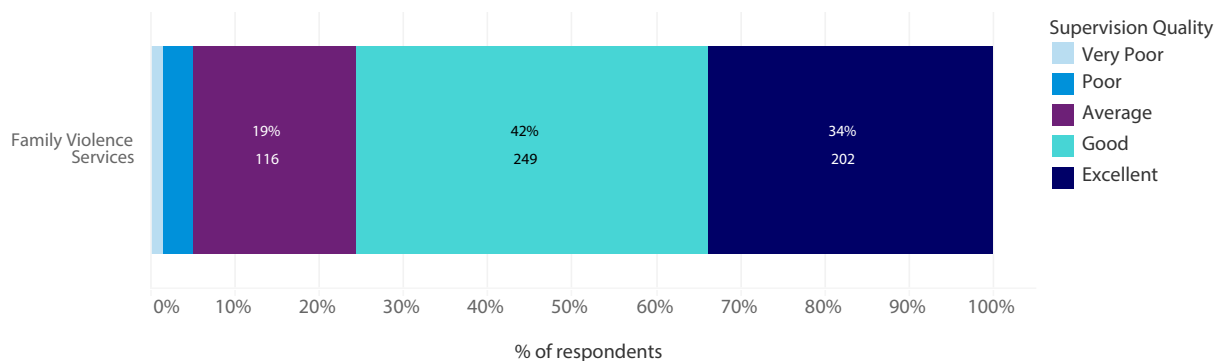


Source: KPMG analysis of employee survey data

### Satisfaction with clinical supervision

Survey results indicate that **34.0** per cent of survey respondents who work in Family Violence Services and identify in Tiers 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 12: Quality of supervision received by survey respondents who work in Family Violence Services (Tier 1, 2, 3)<sup>46, 47</sup>



Source: KPMG analysis of employee survey data

45 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

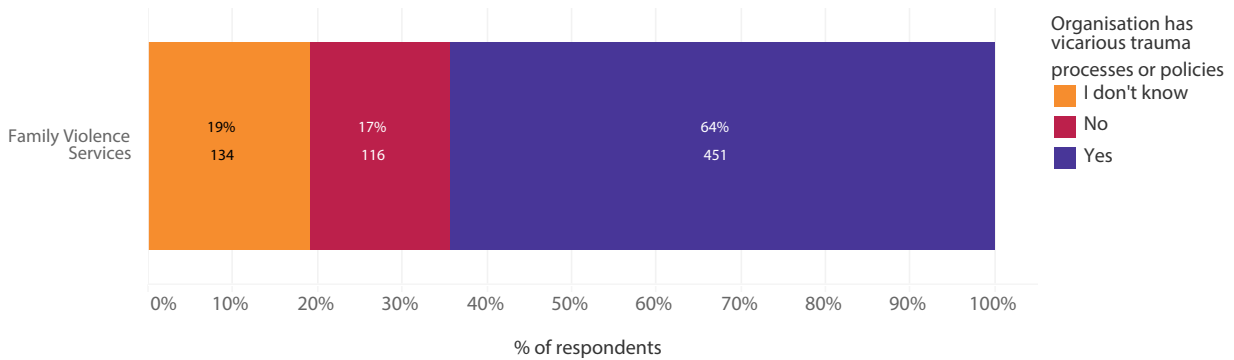
46 Segments with fewer than five survey respondents are not labelled.

47 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Organisational policies and procedures on vicarious trauma

Survey results indicate that **64.0** per cent of survey respondents who work in Family Violence Services and identify as Tier 1, 2 or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 13: Proportion of survey respondents who work in Family Violence Services whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>48</sup>

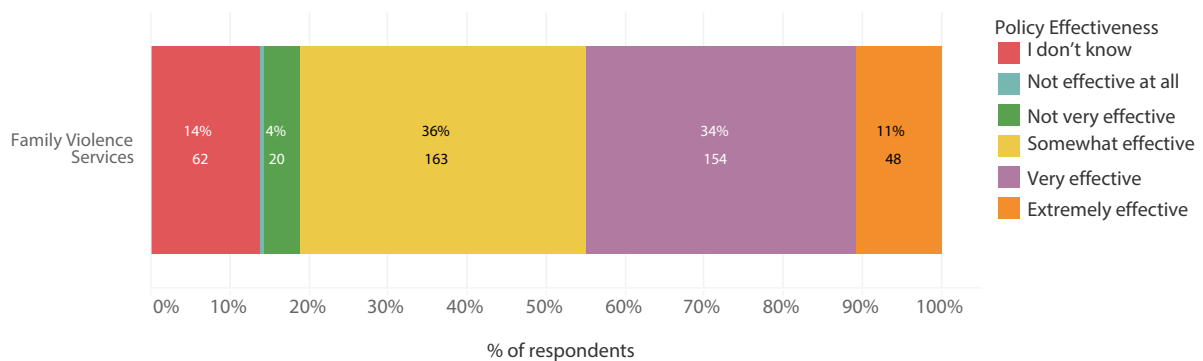


Source: KPMG analysis of employee survey data

### Effectiveness of policies and procedures

Survey results indicate that **45.0** per cent of survey respondents who work in Family Violence Services and identify as Tier 1, 2 or 3 report that the organisation processes or policies and procedures to recognise and manage vicarious trauma are 'very effective' or 'extremely effective'.

Figure 14: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in Family Violence Services (Tier 1, 2, 3)<sup>49, 50</sup>



Source: KPMG analysis of employee survey data

48 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

49 Segments with fewer than five survey respondents are not labelled.

50 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

# MEN'S BEHAVIOUR CHANGE SERVICES

The number of survey respondents identifying as working in Men's Behaviour Change Services was **160**. Of these survey respondents 72, 40, 31, 17 self-selected into Tiers 1, 2, 3 and 4 respectively.

The payroll data for organisations mapped to Men's Behaviour Change Services collected records on **115** employees.

## WORKFORCE PROFILE

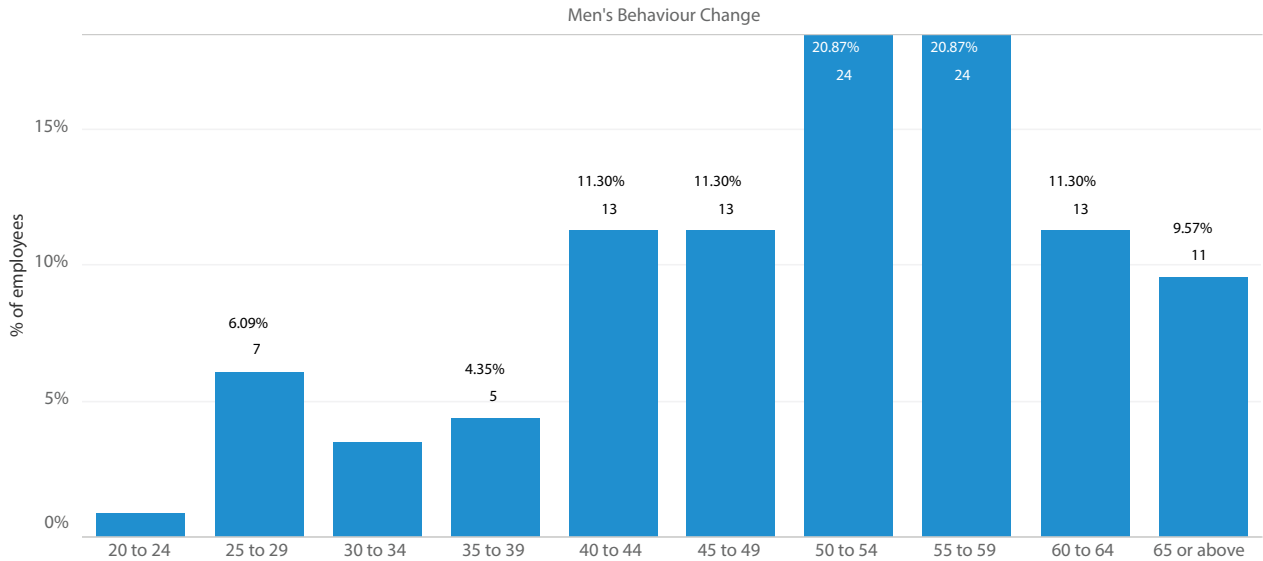
### Gender

Payroll data indicate that **51.3** per cent of employees in Men's Behaviour Change are female and **48.7** per cent male.<sup>51</sup>

### Age

Payroll data indicate that **62.6** per cent of employees who work in Men's Behaviour Change Services are aged 50 years or over.

Figure 15: Age of employees who work in Men's Behaviour Change Services<sup>52 53</sup>



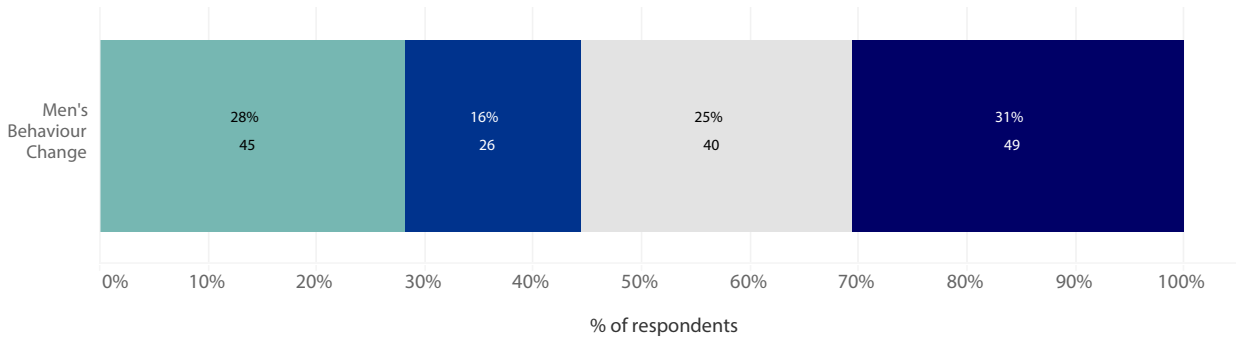
Source: KPMG analysis of employer payroll data

51 Results are provided for insight only, since the payroll data did not yield a sufficient sample size to enable definitive conclusions to be drawn.  
 52 Results are provided for insight only, since the payroll data did not yield a sufficient sample size to enable definitive conclusions to be drawn.  
 53 Segments with fewer than five survey respondents are not labelled.

### Qualifications

Survey results indicate that **72.0** per cent of survey respondents who work in Men’s Behaviour Change across all tiers report that their highest level of education is a Bachelor Degree or higher.

Figure 16: Highest level of education of survey respondents who work in Men’s Behaviour Change Services (all tiers)



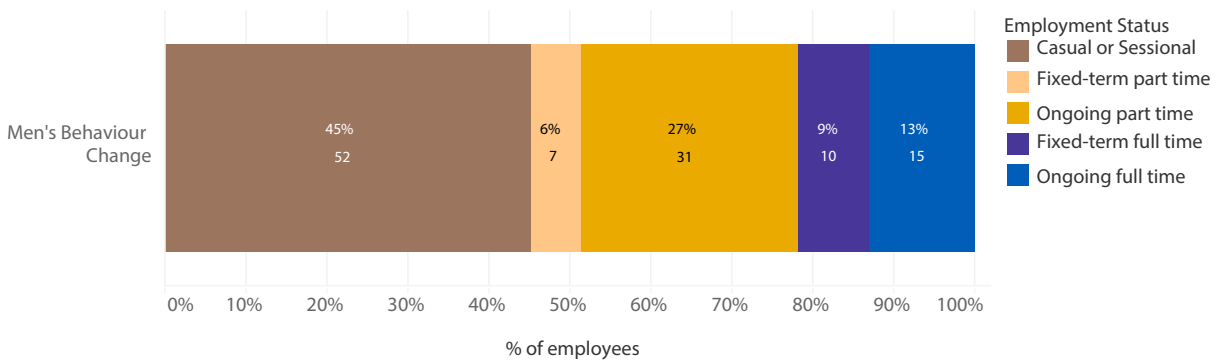
- Highest Education
- Year 11 or below, Year 12, Certificate I to IV
  - Bachelor Degree
  - Graduate Diploma or Graduate Certificate
  - Postgraduate Degree

Source: KPMG analysis of employee survey data

### Employment status

Payroll data indicate that **78.0** per cent of Men’s Behaviour Change employees are employed on either a part-time, casual or sessional basis.

Figure 17: Employment status of employees in Men’s Behaviour Change Services<sup>54</sup>



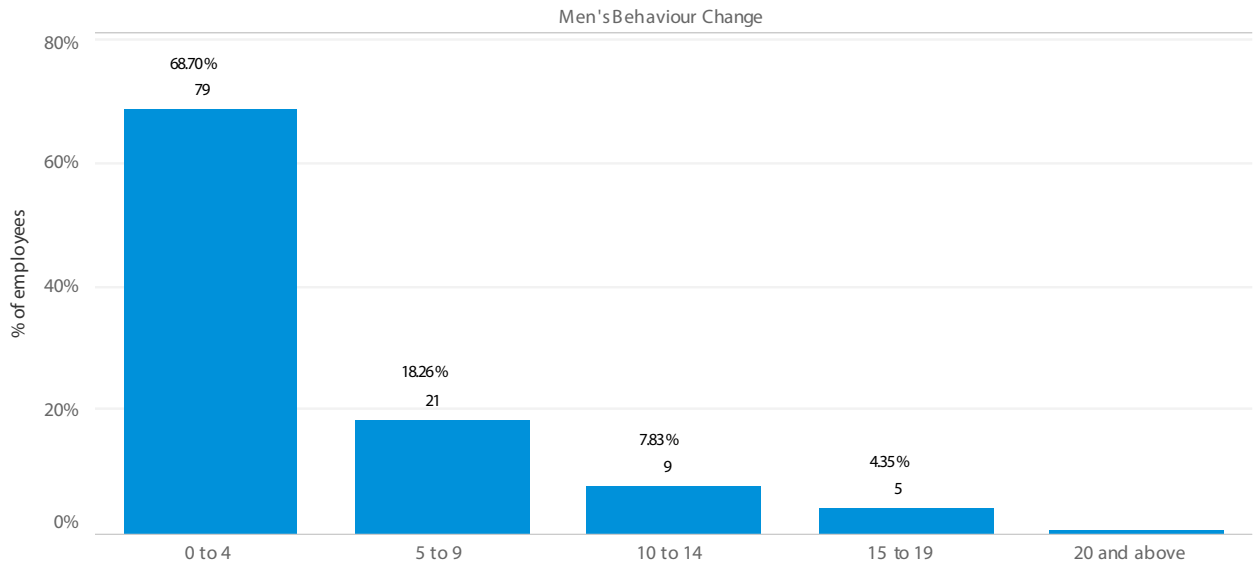
Source: KPMG analysis of employer payroll data

54 Results are provided for insight only, since the payroll data did not yield a sufficient sample size to enable definitive conclusions to be drawn.

### Tenure at current organisation

Payroll data indicate that **68.7** per cent of employees who work in Men's Behaviour Change Services have worked at their current organisation for zero to four years.

Figure 18: Tenure in years of employees in Men's Behaviour Change Services at current organisation<sup>55</sup>



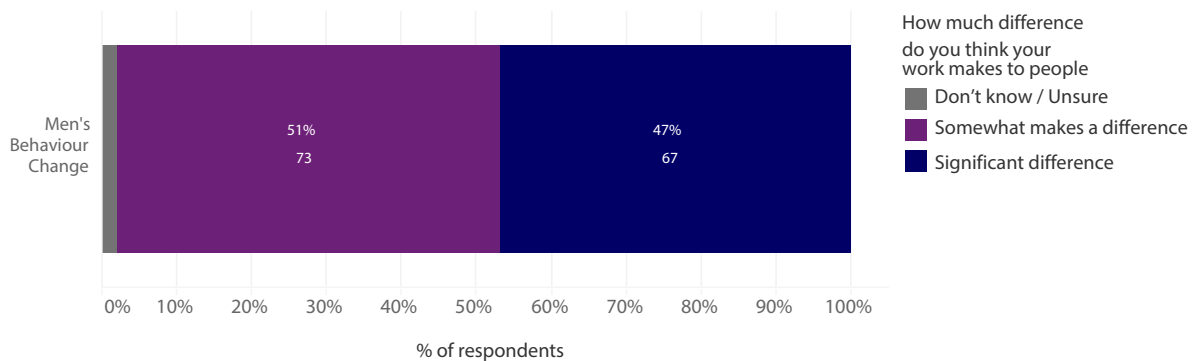
Source: KPMG analysis of employer payroll data

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents' perceptions regarding family violence related work

Survey results indicate that **98.0** per cent of survey respondents who work in Men's Behaviour Change across all tiers report that they perceive their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 19: Perceptions of survey respondents who work in Men's Behaviour Change Services regarding the difference their work makes to people affected by family violence (all tiers)<sup>56</sup>



Source: KPMG analysis of employee survey data

55 Results are provided for insight only, since the payroll data did not yield a sufficient sample size to enable definitive conclusions to be drawn

56 Segments with fewer than five survey respondents are not labelled.



**Proportion of workforce that has undertaken family violence/primary prevention training**

Survey results indicate that **86.3** per cent of survey respondents who work in Men’s Behaviour Change across all tiers have received formal and/or informal training on family violence or primary prevention.

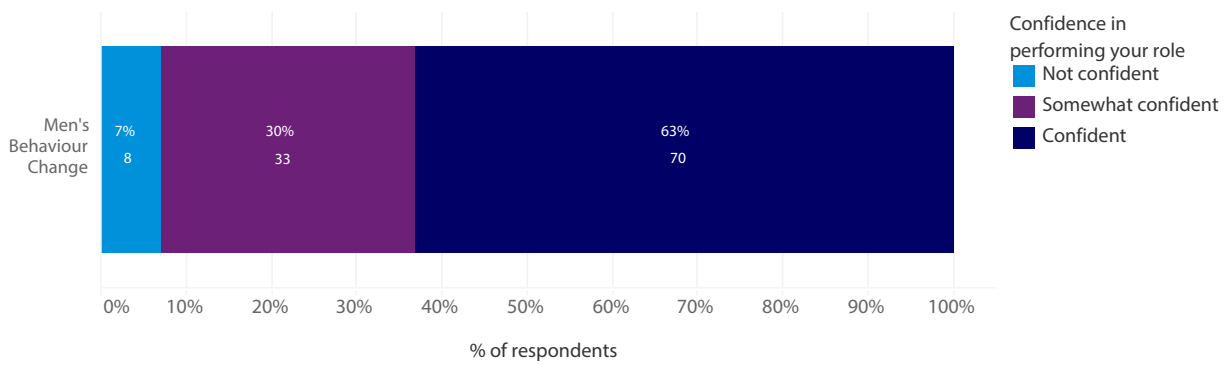
**Proportion of workforce who do not consider they require family violence training**

Survey results indicate that **44.3** per cent of survey respondents who work in Men’s Behaviour Change across all tiers consider that they do not require family violence or primary prevention training to perform their role.

**Confidence in having enough experience and training to perform role effectively**

Survey results indicate that **63.0** per cent of survey respondents who work in Men’s Behaviour Change and identify as Tier 1 or 2 are confident that they have had enough training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

Figure 20: Confidence of survey respondents who work in Men’s Behaviour Change Services in having enough experience and training to effectively perform role (Tier 1 and 2 only)<sup>57</sup>

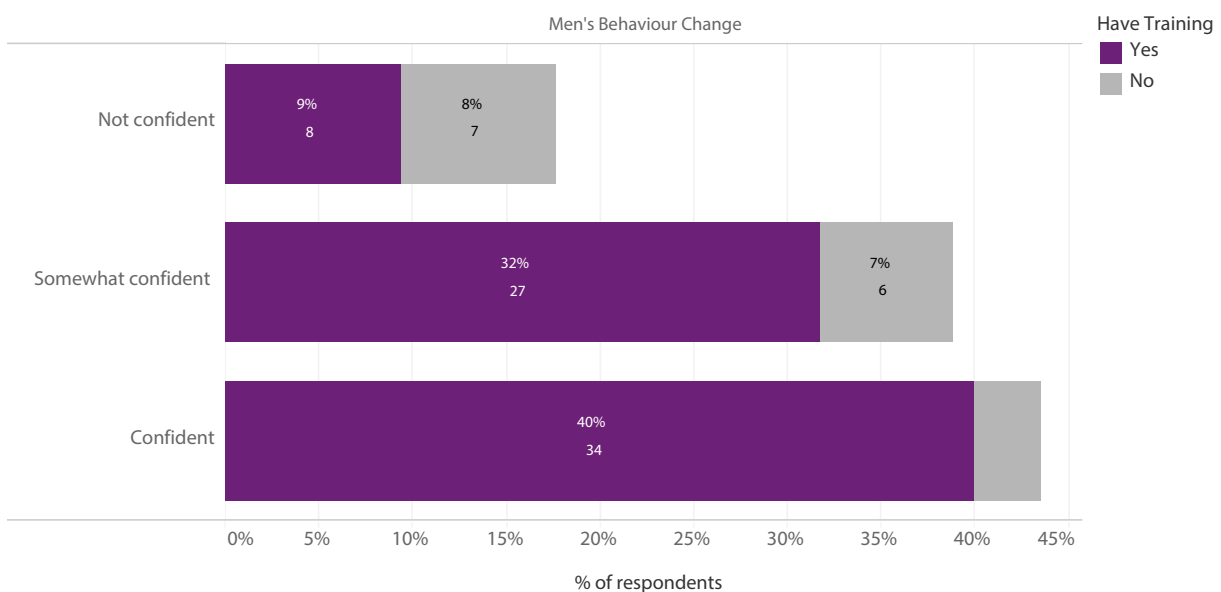


Source: KPMG analysis of employee survey data

**Confidence in identifying those who are experiencing family violence**

Survey results indicate that **44.0** per cent of survey respondents who work in Men’s Behaviour Change **who did not identify as Tier 1** are confident in identifying those who are experiencing family violence. Of these, the majority have received family violence training.

Figure 21: Confidence of survey respondents who work in Men’s Behaviour Change in identifying family violence (Tier 2, 3, 4)<sup>58</sup>



Source: KPMG analysis of employee survey data

57 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

58 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in responding to a disclosure of family violence

Survey results indicate that **54.0** per cent of survey respondents who work in Men's Behaviour Change **who did not identify as Tier 1** report that they are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

Figure 22: Confidence of survey respondents who work in Men's Behaviour Change in responding to family violence (Tier 2, 3, 4)<sup>59</sup>

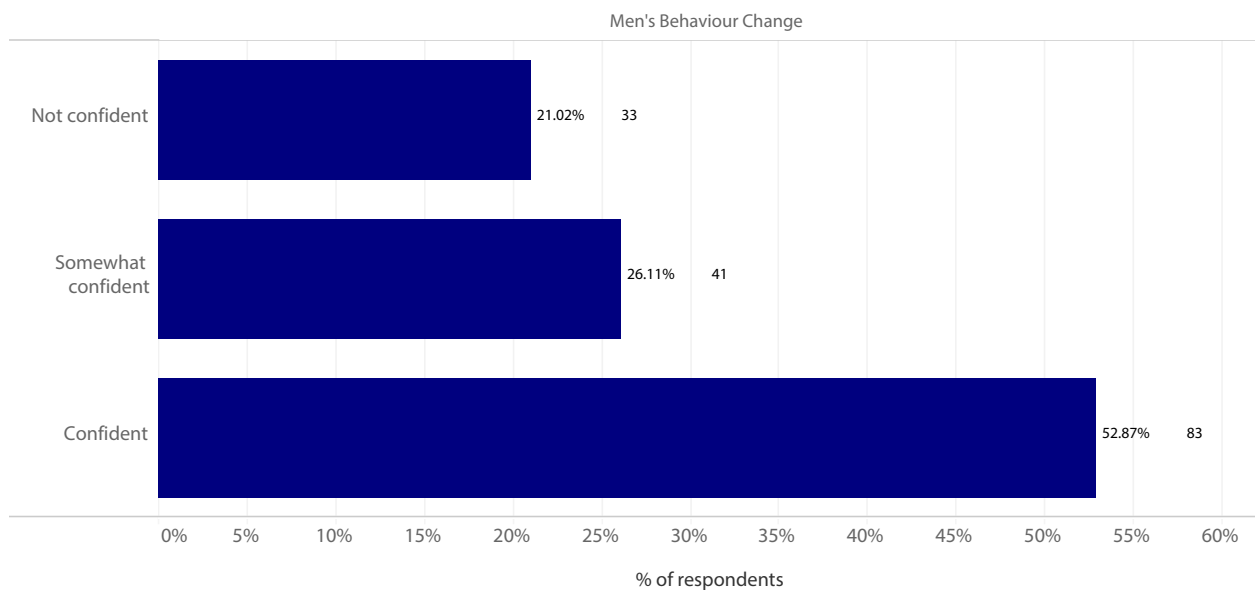


Source: KPMG analysis of employee survey data

### Confidence in managing the needs of children affected by family violence

Survey results indicate that **52.9** per cent of survey respondents who work in Men's Behaviour Change across all tiers report that they are confident in managing the needs of children affected by family violence.

Figure 23: Confidence of survey respondents who work in Men's Behaviour Change in managing the needs of children affected by family violence (all tiers)



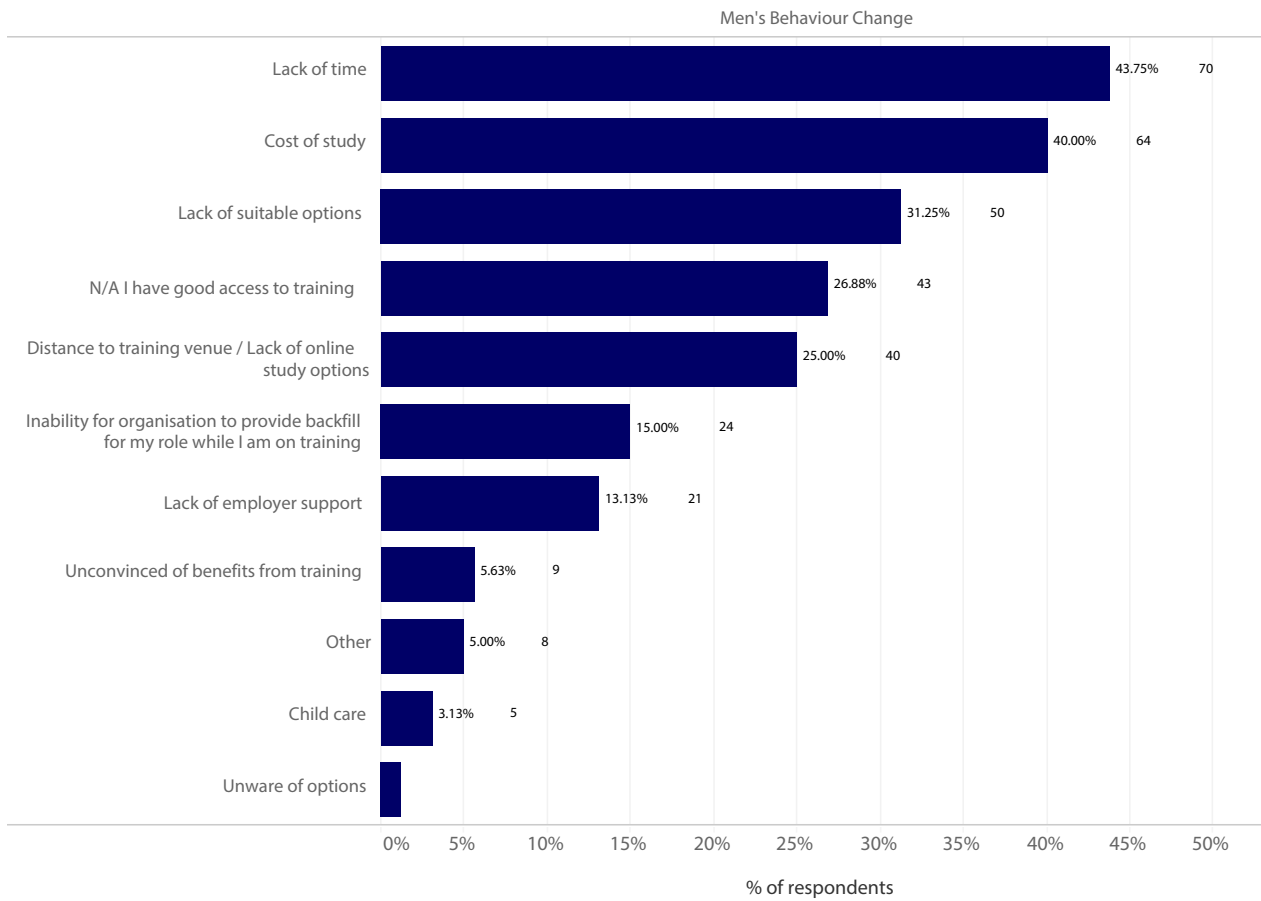
Source: KPMG analysis of employee survey data

59 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Barriers to training**

Survey results indicate that **43.8** per cent of survey respondents who work in Men’s Behaviour Change across all tiers cite lack of time as a barrier to accessing training.

**Figure 24: Barriers to accessing training cited by survey respondents who work in Men’s Behaviour Change (all tiers)<sup>60 61</sup>**



Source: KPMG analysis of employee survey data

60 88 unique survey respondents answered this question. Respondents could provide multiple answers.

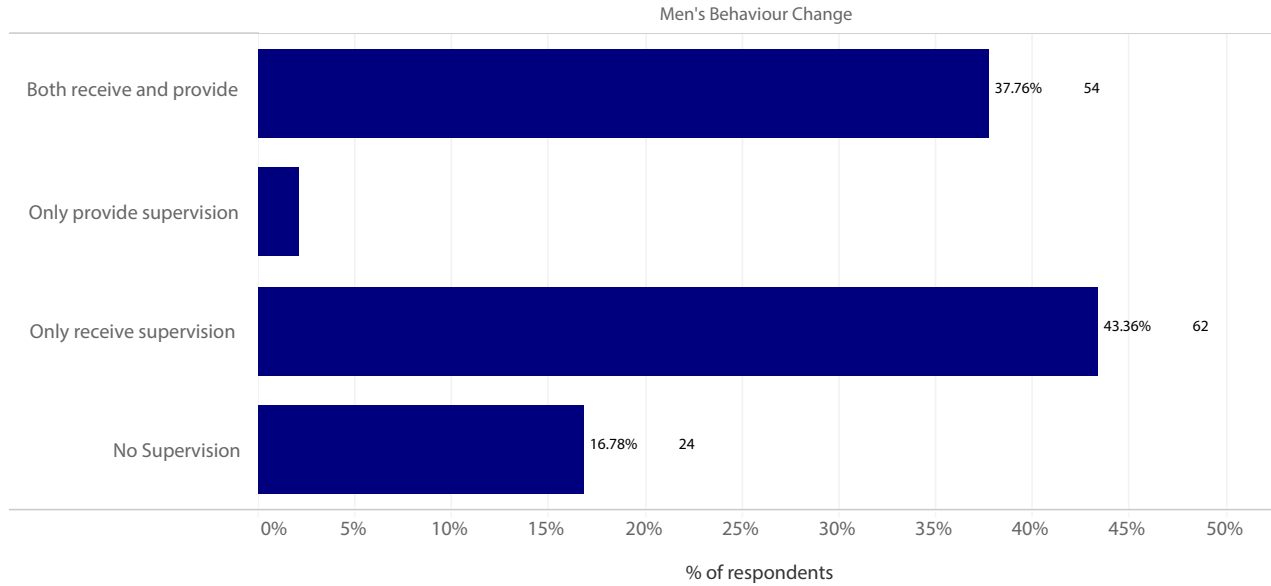
61 Segments with fewer than five survey respondents are not labelled.

## HEALTH AND WELLBEING

### Proportion who receive clinical supervision

Survey results indicate that **16.8** per cent of survey respondents who work in Men's Behaviour Change and identify as Tier 1, 2 or 3 report that they do not receive any supervision in their role.

Figure 25: Supervision receipt and provision by survey respondents who work in Men's Behaviour Change (Tier 1, 2, 3)<sup>62 63</sup>

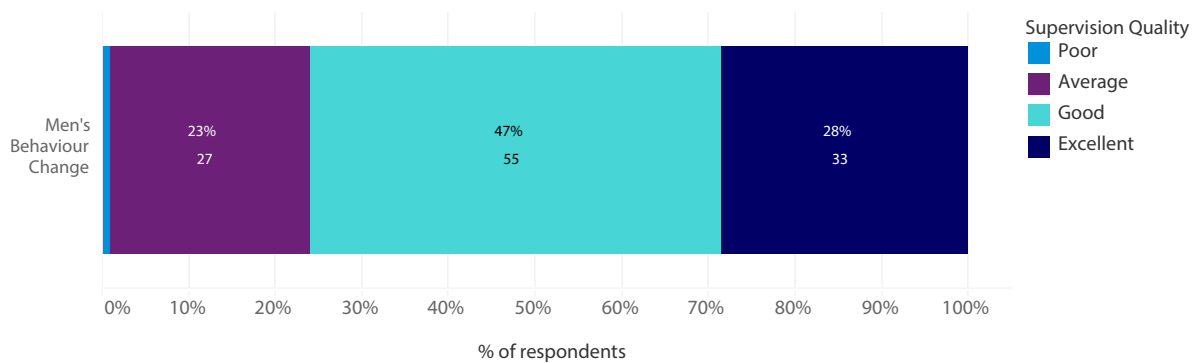


Source: KPMG analysis of employee survey data

### Satisfaction with clinical supervision

Survey results indicate that **28.0** per cent of survey respondents who work in Men's Behaviour Change and identify in Tier 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 26: Quality of supervision received by survey respondents who work in Men's Behaviour Change (Tier 1, 2, 3)<sup>64 65</sup>



Source: KPMG analysis of employee survey data

62 Segments with fewer than five survey respondents are not labelled.

63 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

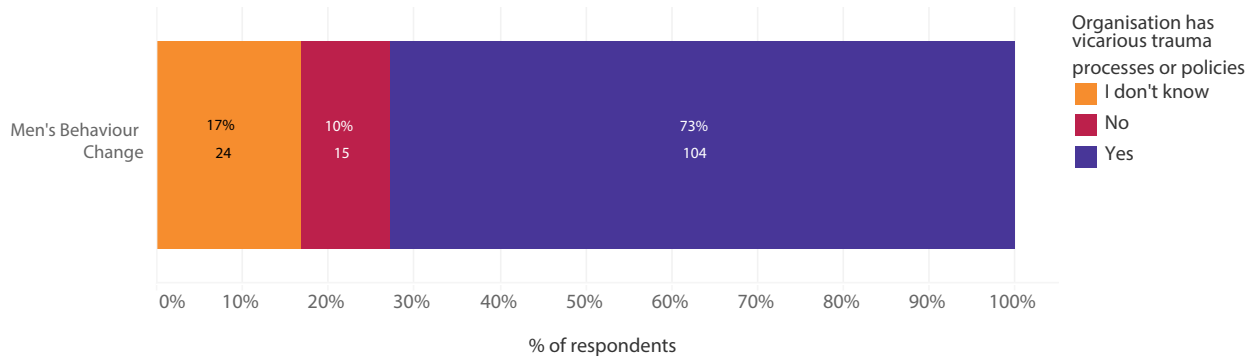
64 Segments with less than two per cent of survey respondents are not labelled.

65 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Organisational policies and procedures on vicarious trauma

Survey results indicate that **73.0** per cent of survey respondents who work in Men’s Behaviour Change and identify in Tier 1, 2 or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 27: Proportion of survey respondents who work in Men’s Behaviour Change whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>66</sup>

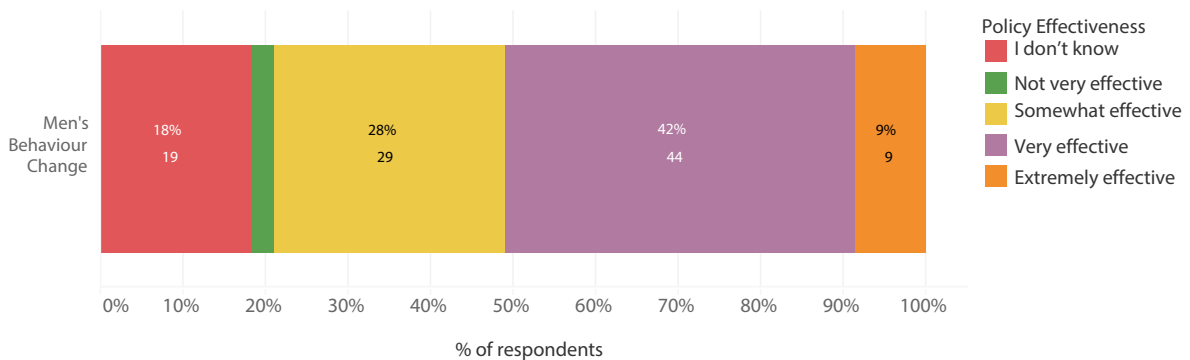


Source: KPMG analysis of employee survey data

### Effectiveness of policies and procedures

Survey results indicate that **51.0** per cent of survey respondents who work in Men’s Behaviour Change and identify as Tier 1, 2 or 3 report that the organisation processes or policies and procedures to recognise and manage vicarious trauma are ‘very effective’ or ‘extremely effective’.

Figure 28: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in Men’s Behaviour Change (Tier 1, 2, 3)<sup>67 68</sup>



Source: KPMG analysis of employee survey data

66 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

67 Segments with fewer than five survey respondents are not labelled.

68 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

# PREVENTION OF VIOLENCE AGAINST WOMEN

The number of survey respondents identifying as working in Prevention of Violence against Women Services was **265**. Of these survey respondents 110, 96, 43, 16 self-selected into Tiers 1, 2, 3 and 4 respectively.

The payroll data for organisations mapped to Prevention of Violence against Women collected records on **178** employees.

## WORKFORCE PROFILE

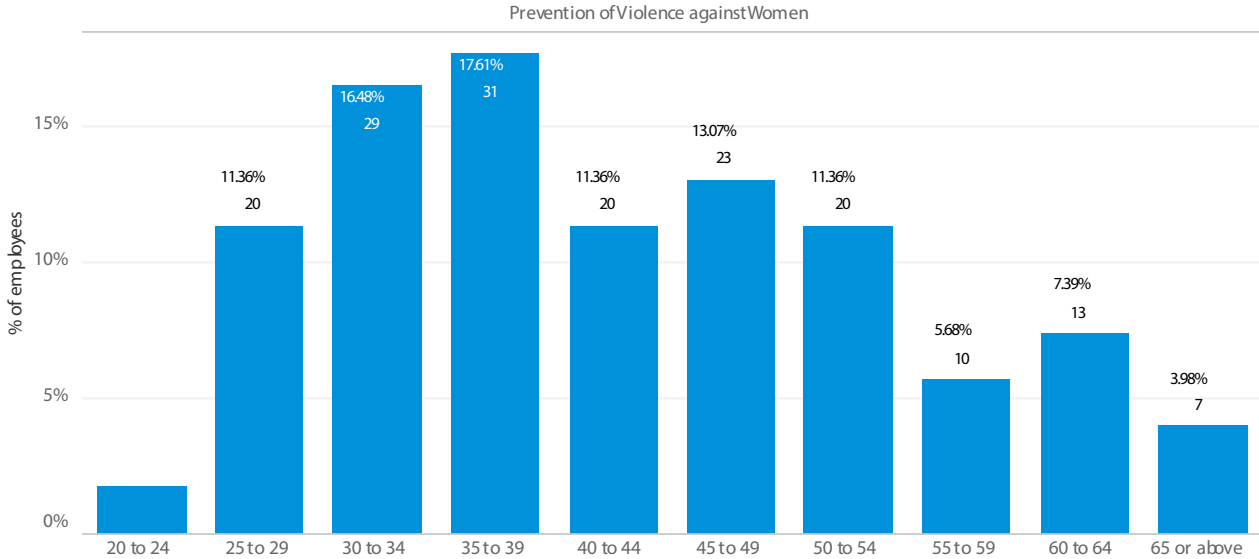
### Gender

Payroll data indicate that **93.8** per cent of employees in Prevention of Violence against Women Services are female, and **6.2** per cent male.

### Age

Payroll data indicate that **34.1** per cent of employees in Prevention of Violence against Women Services are aged 30 to 39 years.

Figure 29: Age of employees who work in Prevention of Violence against Women<sup>69</sup>



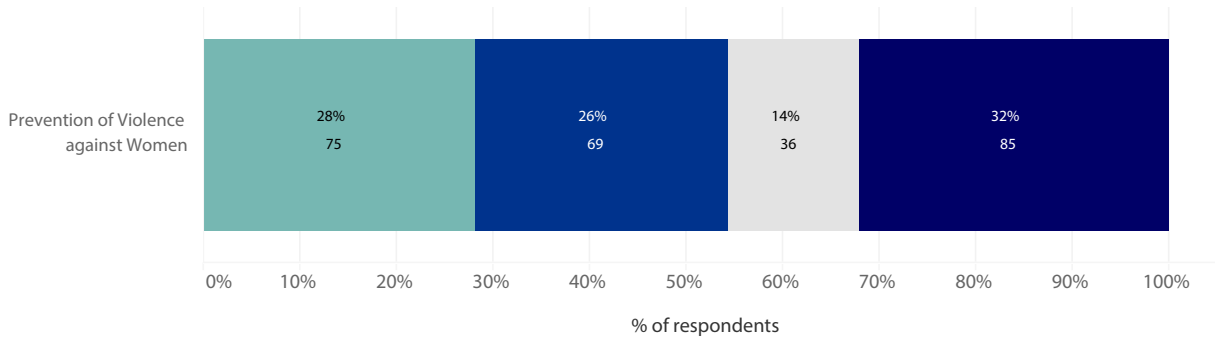
Source: KPMG analysis of employer payroll data

69 Segments with fewer than five survey respondents are not labelled.

### Qualifications

Survey results indicate that **72.0** per cent of survey respondent who work in Prevention of Violence against Women Services across all tiers report that their highest level of education is a Bachelor Degree or higher.

Figure 30: Highest level of education of survey respondents who work in Prevention of Violence against Women Services (all tiers)



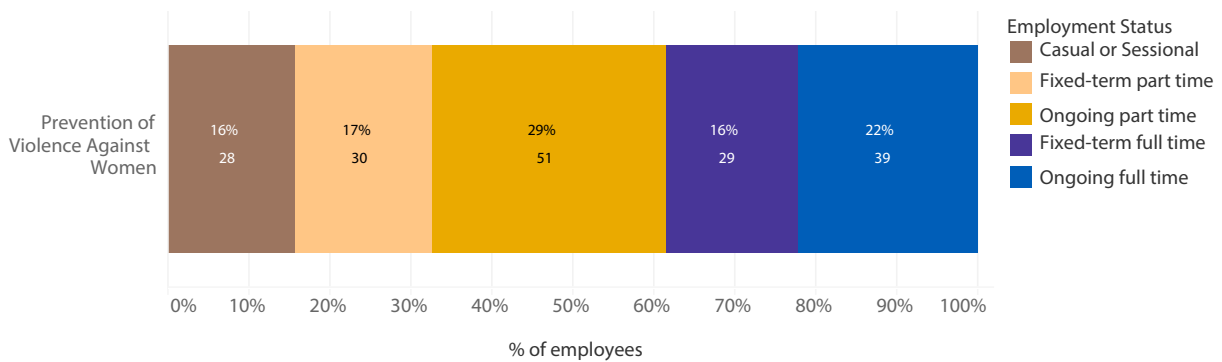
- Highest Education
- Year 11 or below, Year 12, Certificate I to IV
  - Bachelor Degree
  - Graduate Diploma or Graduate Certificate
  - Postgraduate Degree

Source: KPMG analysis of employee survey data

### Employment status

Payroll data indicate **62.0** per cent of Prevention of Violence against Women employees are employed on a part-time, casual or sessional basis.

Figure 31: Employment status of employees in Prevention of Violence against Women Services

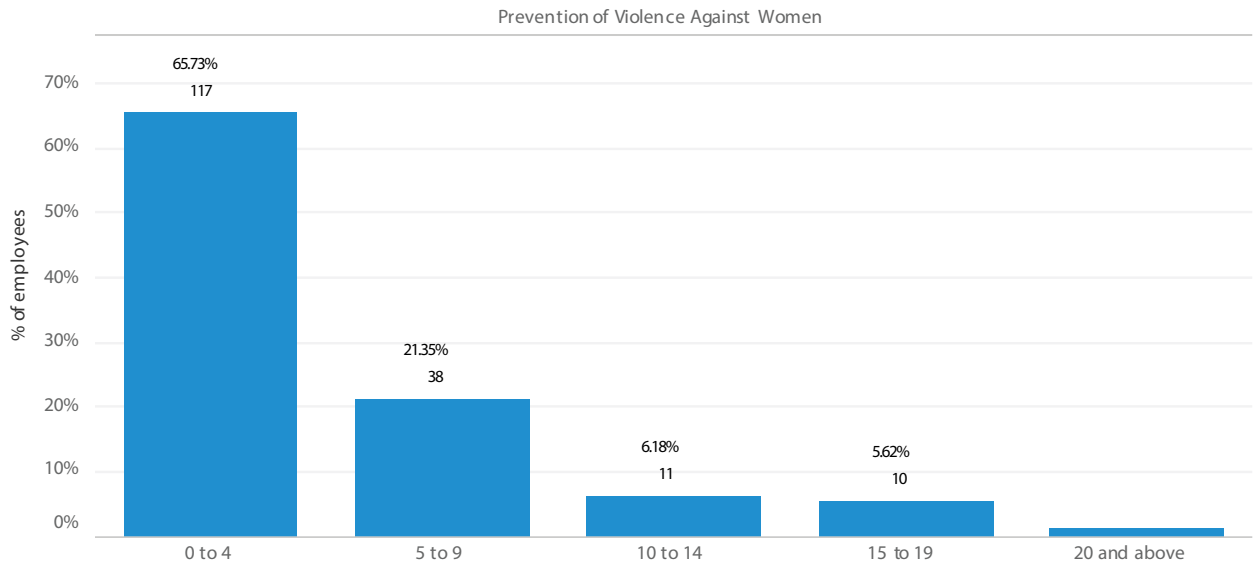


Source: KPMG analysis of employer payroll data

### Tenure at current organisation

Payroll data indicate that **65.7** per cent of employees in Prevention of Violence against Women Services have been employed at their current organisation for between 0 and 4 years.

Figure 32: Tenure in years of employees in Prevention of Violence against Women Services at current organisation



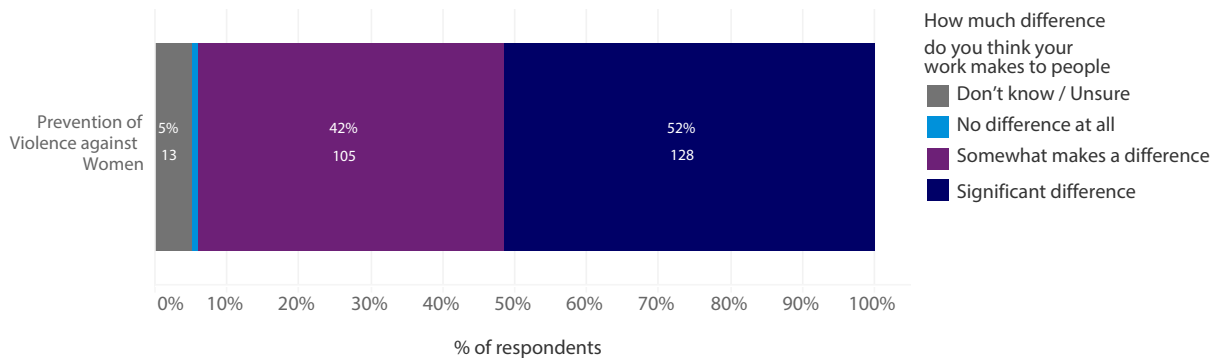
Source: KPMG analysis of employer payroll data

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents' perceptions regarding family violence related work

Survey results indicate that **94.0** per cent of survey respondents who work in Prevention of Violence against Women Services across all tiers report that they perceive their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 33: Perception of survey respondents who work in Prevention of Violence against Women regarding the difference their work makes to people affected by family violence (all tiers)<sup>70</sup>



Source: KPMG analysis of employee survey data

70 Segments with fewer than five survey respondents are not labelled.



**Proportion of workforce that has undertaken family violence/primary prevention training**

Survey results indicate that **87.2** per cent of survey respondents who work in Prevention of Violence against Women Services across all tiers have received formal and/or informal training on family violence or primary prevention.

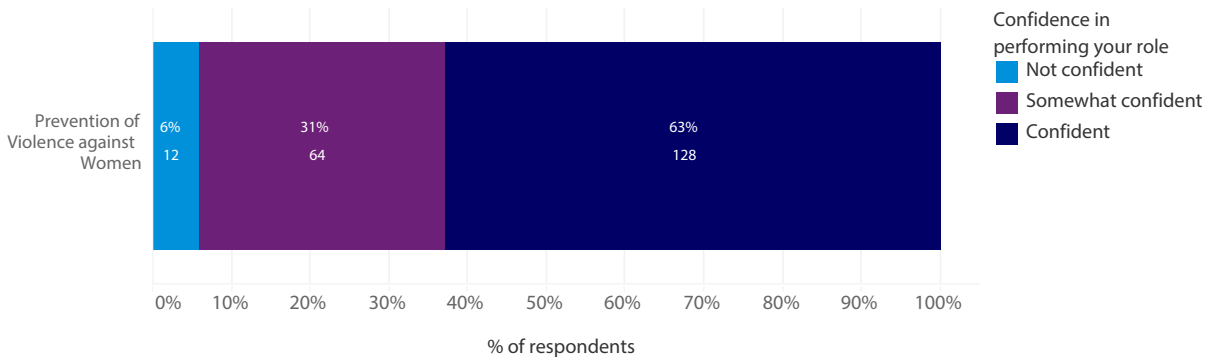
**Proportion of workforce who do not consider they require family violence training**

Survey results indicate that **44.3** per cent of survey respondents who work in Prevention of Violence against Women Services across all tiers consider that they do not require family violence or primary prevention training to perform their role.

**Confidence in having enough experience and training to perform role effectively**

Survey results indicate that **63.0** per cent of survey respondents who work in Prevention of Violence against Women services who identified as Tier 1 or 2 are confident that they have had enough training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

**Figure 34: Confidence of survey respondents who work in Prevention of Violence against Women Services in having enough experience and training to effectively perform role (Tier 1 and 2 only)<sup>71</sup>**



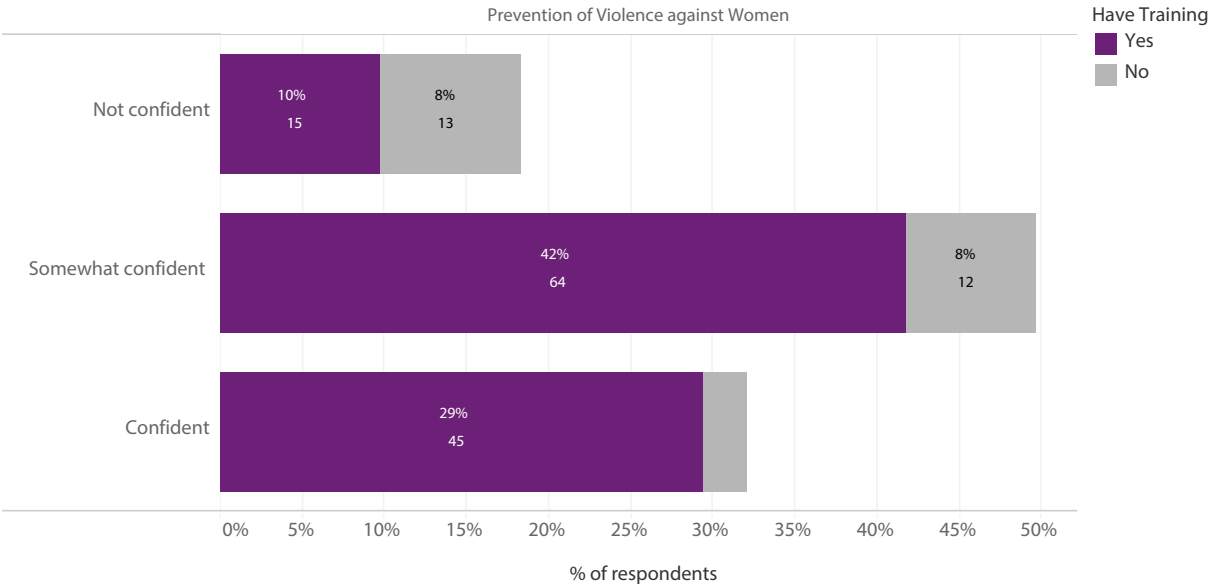
Source: KPMG analysis of employee survey data

71 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in identifying those who are experiencing family violence**

Survey results indicate that less than **33.0** per cent of survey respondents who work in Prevention of Violence against Women Services and who do not identify as Tier 1 report that they are confident in identifying those who are experiencing family violence.

**Figure 35: Confidence of survey respondents who work in Prevention of Violence against Women Services in identifying family violence (Tier 2, 3, 4)<sup>72,73</sup>**



Source: KPMG analysis of employee survey data

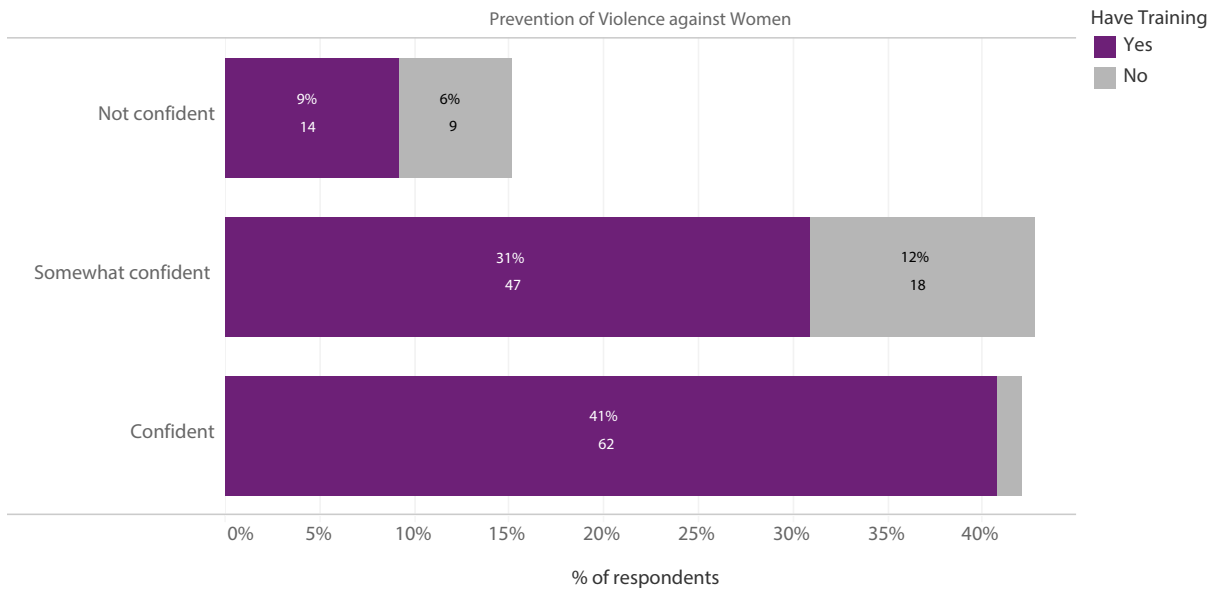
72 Segments with fewer than five survey respondents are not labelled.

73 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in responding to a disclosure of family violence**

Survey results indicate that less than **43.0** per cent of survey respondents who work in Prevention of Violence against Women Services and who do not identify as Tier 1 report that they are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

**Figure 36: Confidence of survey respondents who work in Prevention of Violence against Women Services in responding to family violence by training status (Tier 2, 3, 4)<sup>74 75</sup>**



Source: KPMG analysis of employee survey data

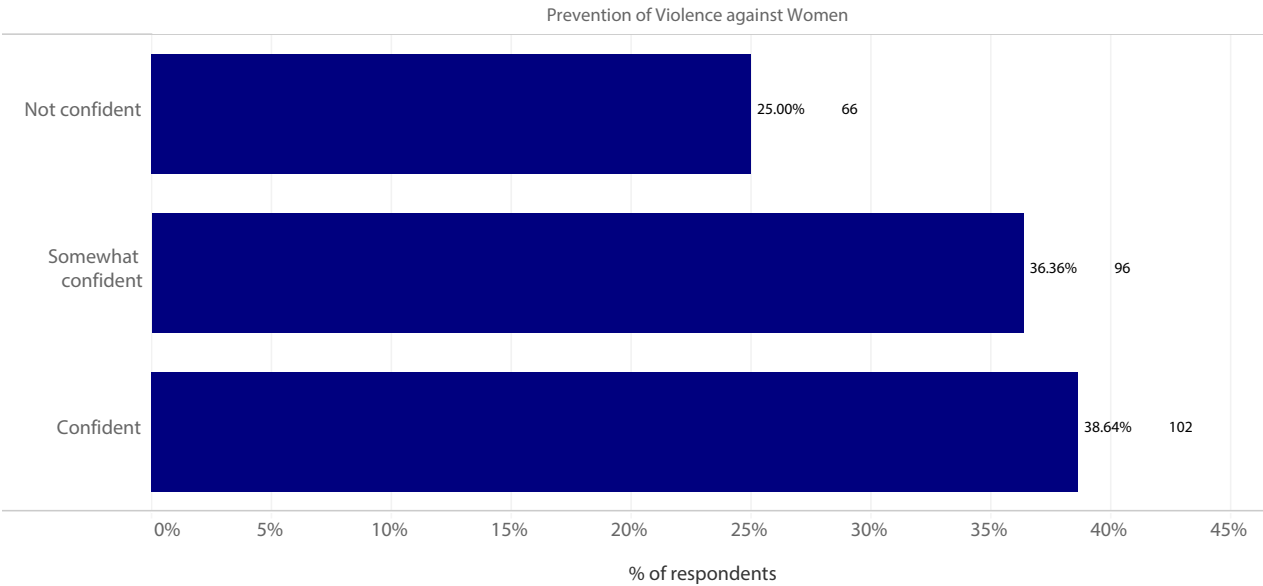
74 Segments with fewer than five survey respondents are not labelled.

75 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in managing the needs of children affected by family violence**

Survey results indicate that **38.6** per cent of survey respondents who work in Prevention of Violence against Women Services across all tiers report that they are confident in managing the needs of children affected by family violence.

**Figure 37: Confidence of survey respondents who work in Prevention of Violence Against Women Services in managing the needs of children affected by family violence (all tiers)**

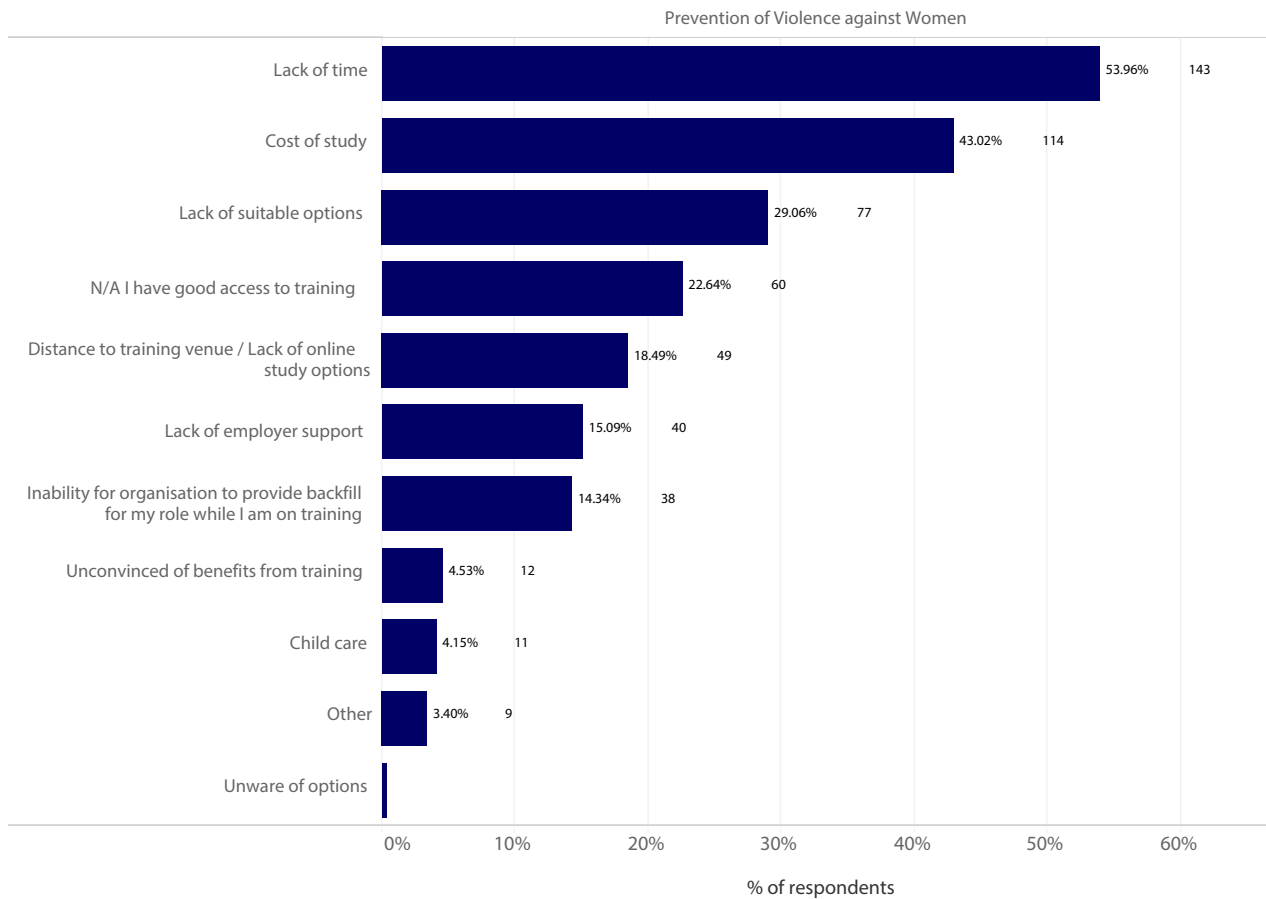


Source: KPMG analysis of employee survey data

### Barriers to training

Survey results indicate that **54.0** per cent of survey respondents who work in Prevention of Violence against Women Services across all tiers cite lack of time as a barrier to training.

**Figure 38: Barriers to training cited by survey respondents who work in Prevention of Violence against Women Services (all tiers)<sup>76</sup>**



Source: KPMG analysis of employee survey data

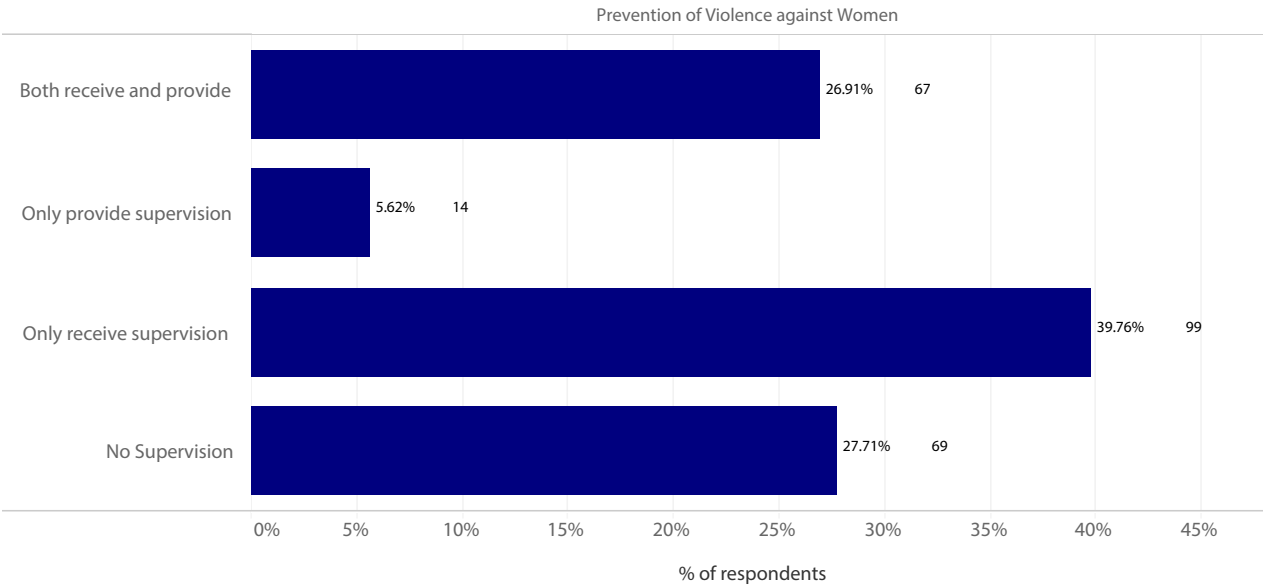
76 155 unique respondents answered this question. Respondents could provide multiple answers. Segments with fewer than five survey respondents are not labelled.

**HEALTH AND WELLBEING**

**Proportion who receive clinical supervision**

Survey results indicate that **27.7** per cent of survey respondents who work in Prevention of Violence against Women Services and identify as Tier 1, 2, or 3 report that they do not receive any supervision in their role.

**Figure 39: Supervision receipt and provision by survey respondents who work in Prevention of Violence against Women Services (Tier 1, 2, 3)<sup>77</sup>**



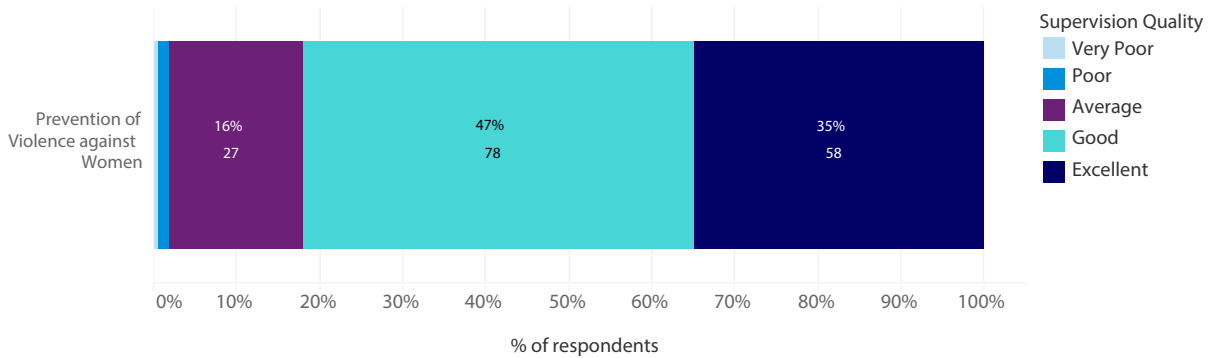
Source: KPMG analysis of employee survey data

77 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Satisfaction with clinical supervision

Survey results indicate that **35.0** per cent of survey respondents who work in Prevention of Violence against Women Services and identify as Tier 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 40: Quality of supervision received by survey respondents who work in Prevention of Violence against Women Services (Tier 1, 2, 3)<sup>78, 79</sup>

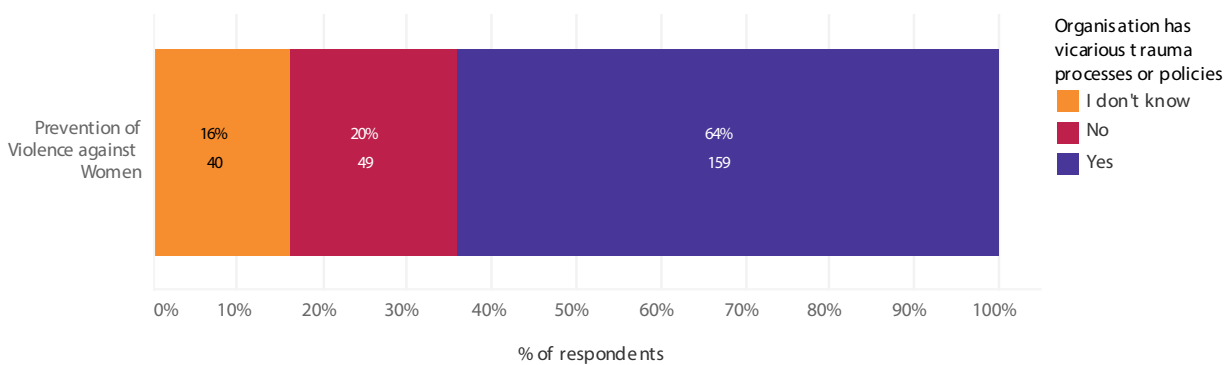


Source: KPMG analysis of employee survey data

### Organisational policies and procedures on vicarious trauma

Survey results indicate that **64.0** per cent of survey respondents who work in Prevention of Violence against Women Services and identify as Tier 1, 2 or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 41: Proportion of survey respondents who work in Prevention of Violence against Women Services whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>80</sup>



Source: KPMG analysis of employee survey data

78 Segments with fewer than five survey respondents are not labelled.

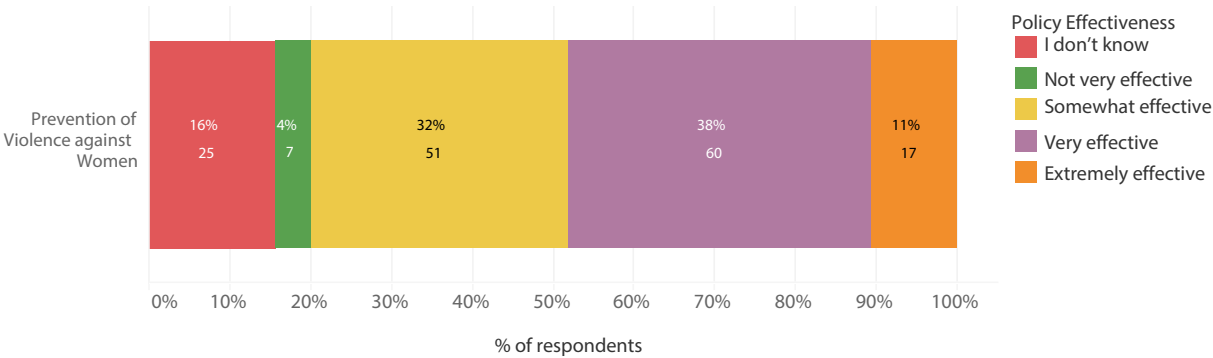
79 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

80 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Effectiveness of policies and procedures**

Survey results indicate that **49.0** per cent of survey respondents who work in Prevention of Violence against Women Services and identify as Tier 1, 2 or 3 report that the organisation's processes or policies and procedures to recognise and manage vicarious trauma are 'very effective' or 'extremely effective'.

**Figure 42: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in Prevention of Violence against Women Services (Tier 1, 2, 3)<sup>81</sup>**



Source: KPMG analysis of employee survey data

81 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.



# CHILD AND FAMILY SERVICES

The number of survey respondents identifying as working in Child and Family Services was **1,121**. Of these survey respondents 142, 494, 266, 219 self-selected into Tiers 1, 2, 3 and 4 respectively.

The payroll data for organisations mapped to Child and Family Services collected records on **1,846** employees.

## WORKFORCE PROFILE

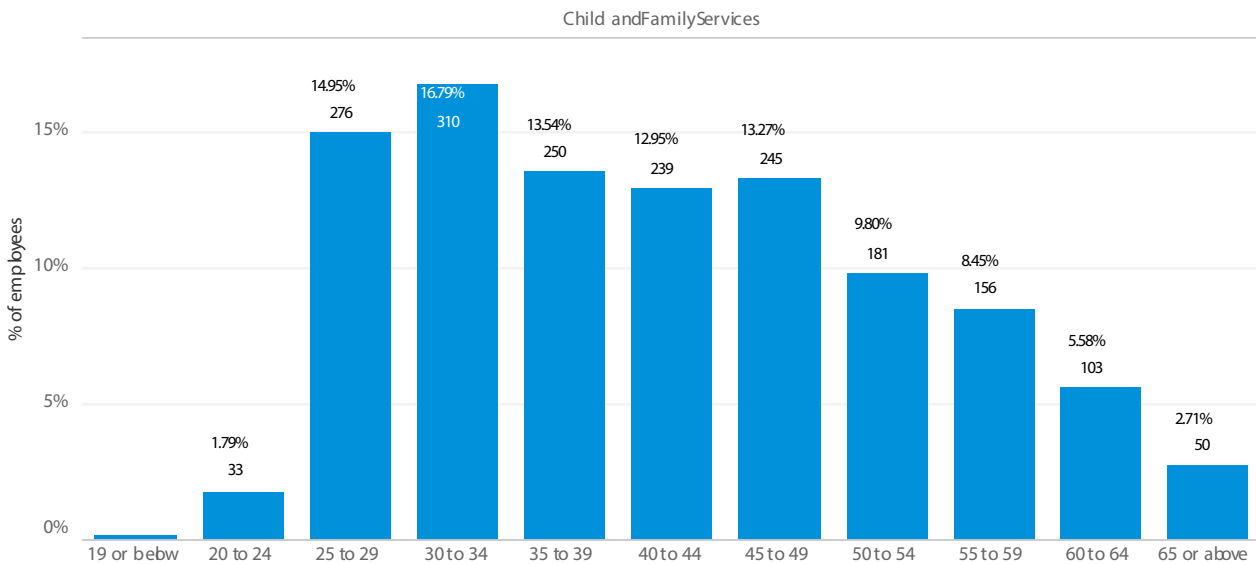
### Gender

Payroll data indicate that **85.7** per cent of employees in Child and Family Services are female and **14.3** per cent male.

### Age

Payroll data indicate that **23.1** per cent of survey respondents who work in Child and Family Services are between the ages of 45 to 54.

Figure 43: Age of employees working in Child and Family Services<sup>82</sup>



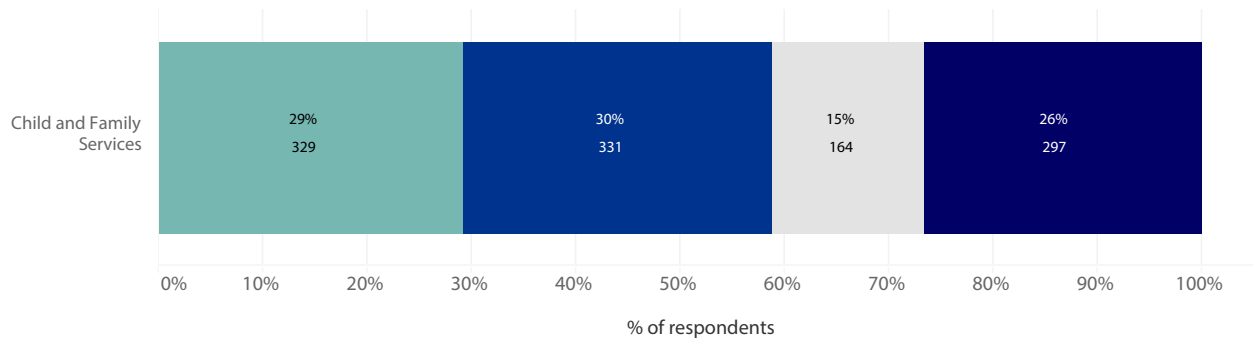
Source: KPMG analysis of employer payroll data

82 Segments with fewer than five survey respondents are not labelled.

### Qualifications

Survey results indicate that **71.0** per cent of survey respondents who work in Child and Family Services across all tiers report that their highest level of education is a Bachelor Degree or higher.

Figure 44: Highest level of education of survey respondents who work in Child and Family Services (all tiers)



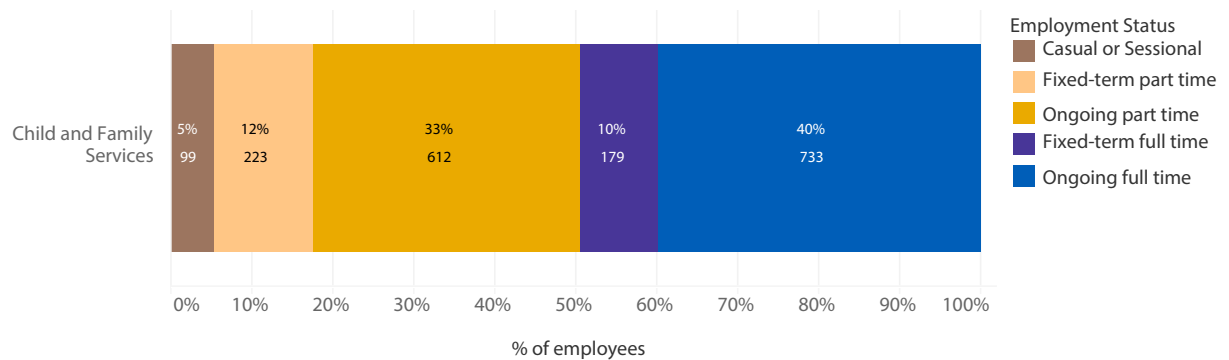
- Highest Education
- Year 11 or below, Year 12, Certificate I to IV
  - Bachelor Degree
  - Graduate Diploma or Graduate Certificate
  - Postgraduate Degree

Source: KPMG analysis of employee survey data

### Employment status

Payroll data indicate **50.0** per cent of Child and Family Services employees are employed on a part time, casual or sessional basis.

Figure 45: Employment status of employees in Child and Family Services

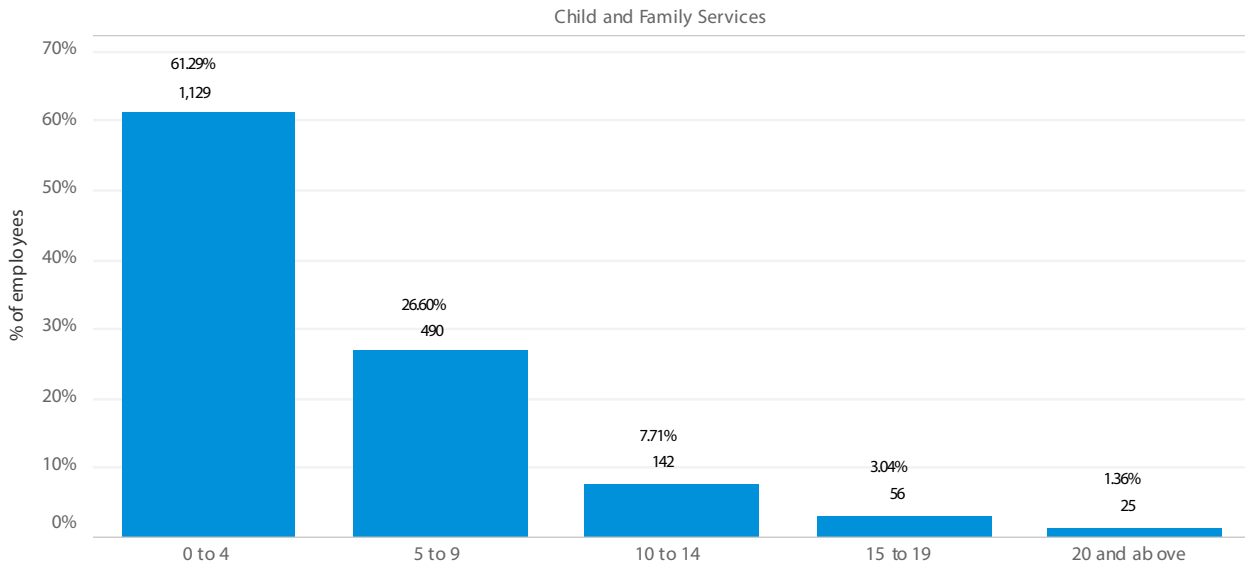


Source: KPMG analysis of employer payroll data

### Tenure at current organisation

Payroll data indicate that **61.3** per cent of employees who work in Child and Family Services have worked at their current organisation for zero to four years.

Figure 46: Tenure in years of employees in Child and Family Services at current organisation



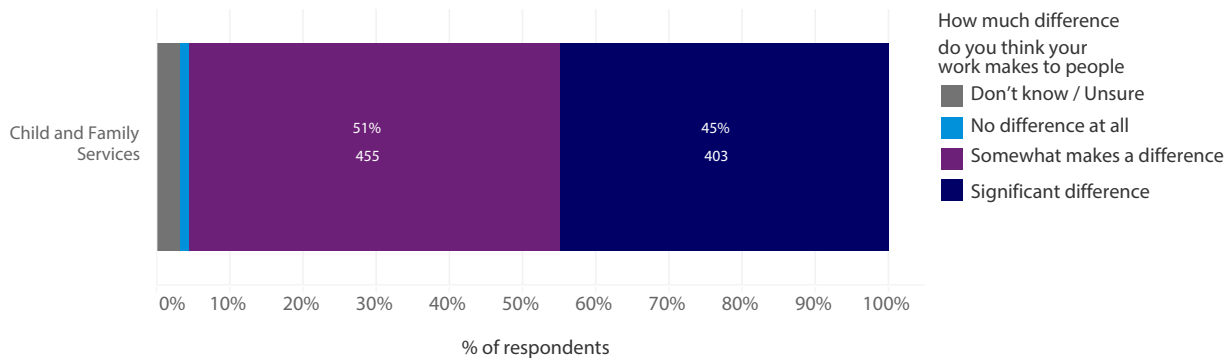
Source: KPMG analysis of employer payroll data

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents perceptions' regarding family violence related work

Survey results indicate that **96.0** per cent of survey respondents who work in Child and Family Services across all tiers report that they perceive their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 47: Perceptions of Child and Family Services survey respondents regarding the difference their work makes to people affected by family violence (all tiers)<sup>83</sup>



Source: KPMG analysis of employee survey data

83 Segments with fewer than five respondents are not labelled.

**Proportion of workforce that has undertaken family violence/primary prevention training**

Survey results indicate that **82.3** per cent of survey respondents who work in Child and Family Services across all tiers have undertaken formal and/or informal training on family violence or primary prevention.

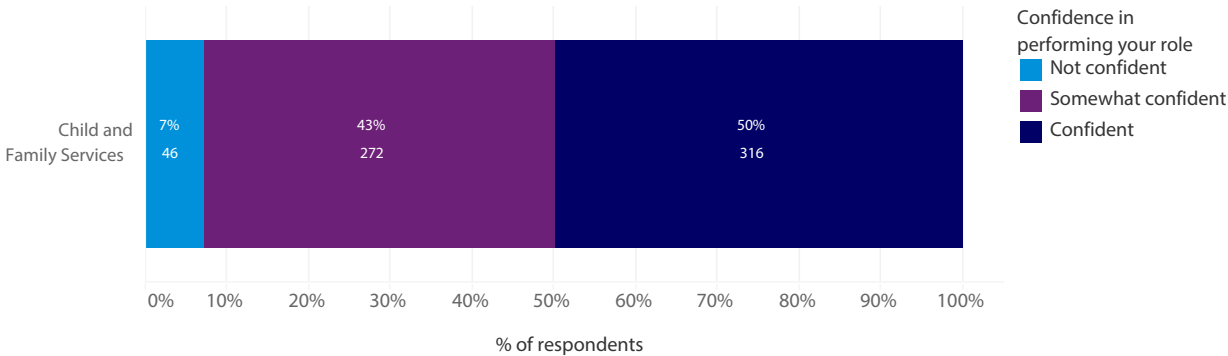
**Proportion of workforce who do not consider they require family violence training**

Survey results indicate that **41.3** per cent of survey respondents who work in Child and Family Services across all tiers do not consider a need for family violence or primary prevention training to perform their role.

**Confidence in having enough experience and training to perform role effectively**

Survey results indicate that **50.0** per cent of survey respondents who work in Child and Family Services, and identify as Tier 1 or 2, are confident that they have had enough training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

**Figure 48: Confidence of survey respondents who work in Child and Family Services in having enough experience and training to effectively perform role training (Tier 1 and 2 only)<sup>84</sup>**



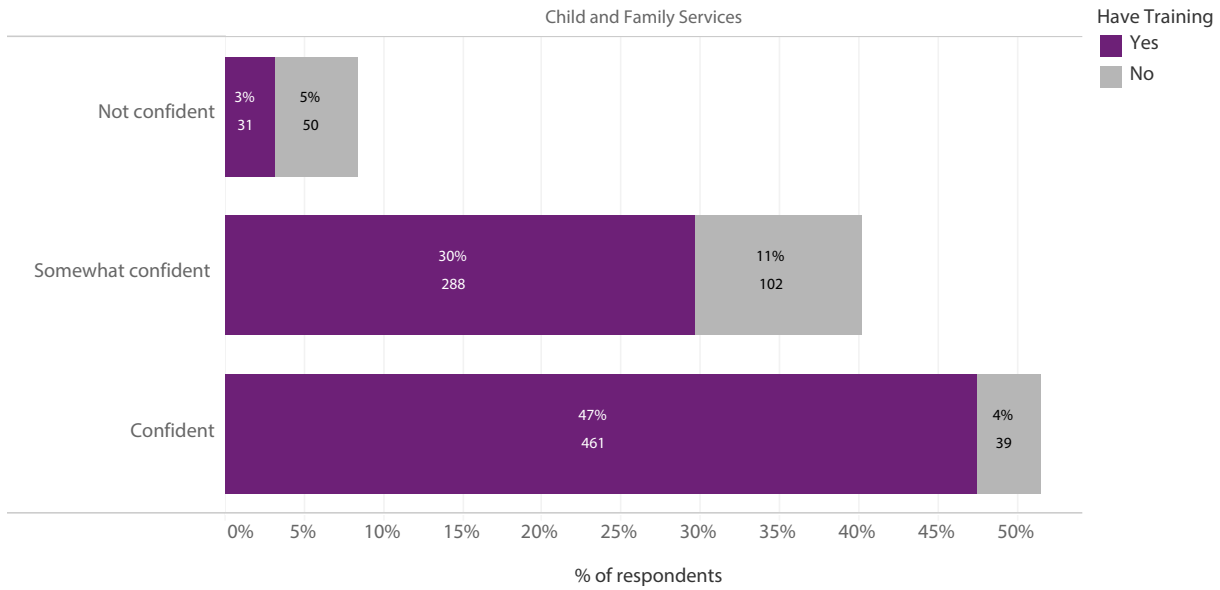
Source: KPMG analysis of employee survey data

84 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in identifying those who are experiencing family violence

Survey results indicate that **51.0** per cent of survey respondents who work in Child and Family Services and identify as Tiers 2, 3 or 4 report that they are confident in identifying those who are experiencing family violence. Of these, the majority have received family violence training.

Figure 49: Confidence of survey respondents who work in Child and Family Services in identifying family violence (Tier 2, 3, 4)<sup>85</sup>

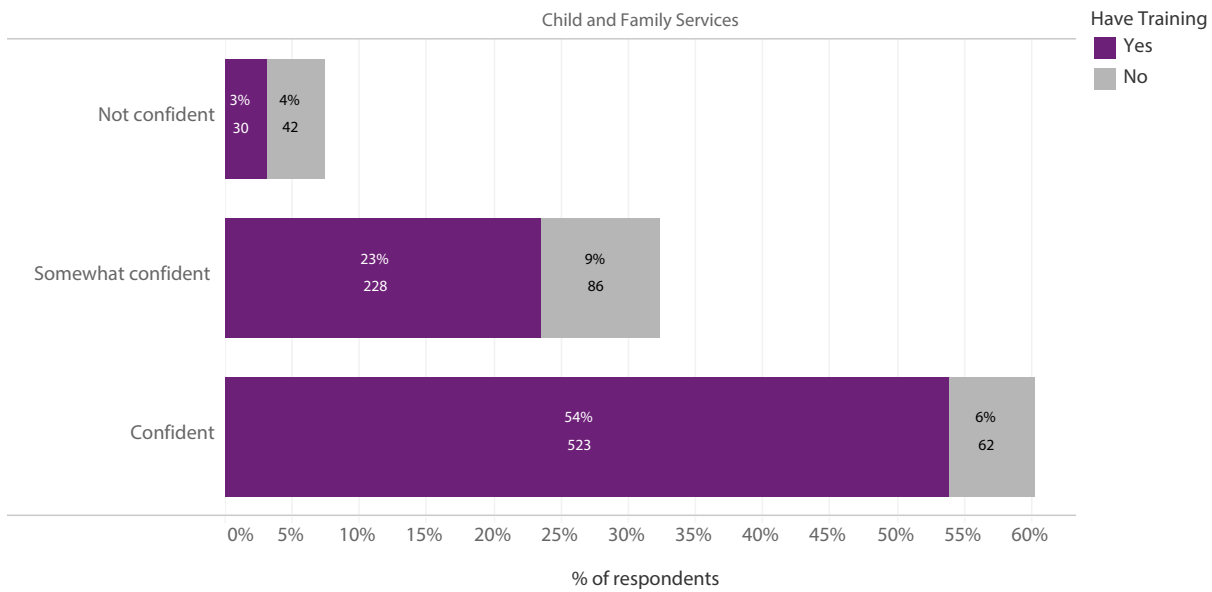


Source: KPMG analysis of employee survey data

### Confidence in responding to a disclosure of family violence

Survey results indicate that **60.0** per cent of survey respondents who work in Child and Family Services and identify as Tier 2, 3 or 4 report that they are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

Figure 50: Confidence of survey respondents who work in Child and Family Services in responding to family violence by training status (Tier 2, 3, 4)<sup>86</sup>



Source: KPMG analysis of employee survey data

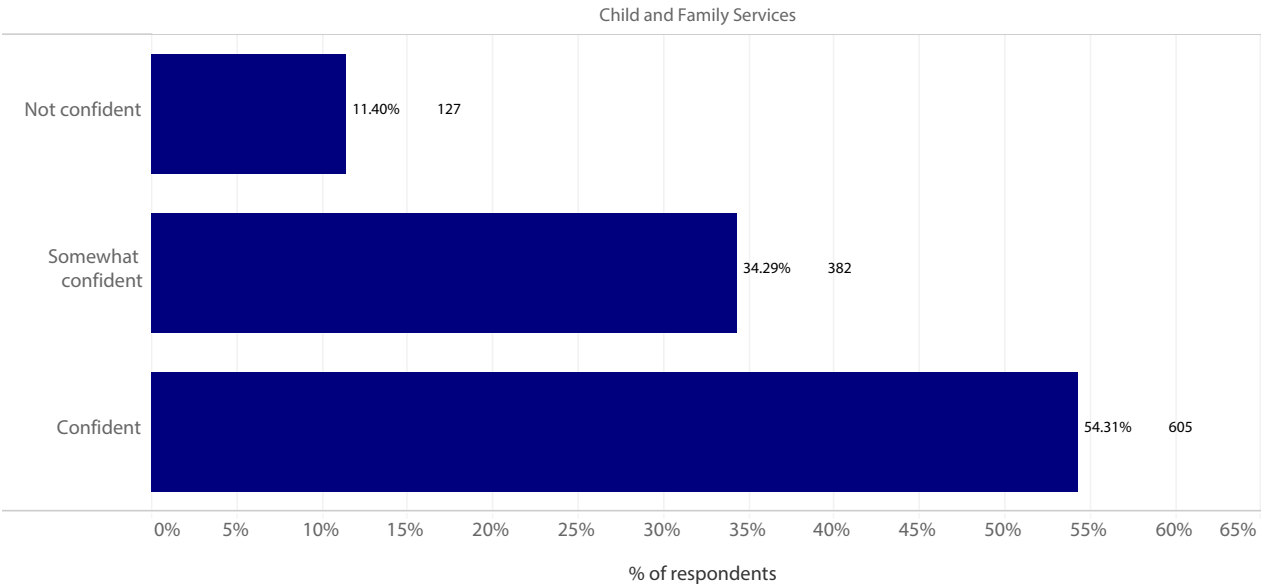
85 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

86 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in managing the needs of children affected by family violence**

Survey results indicate that **54.3** per cent of survey respondents who work in Child and Family Services across all tiers report that they are confident in managing the needs of children affected by family violence.

**Figure 51: Confidence of survey respondents who work in Child and Family Services in managing the needs of children affected by family violence (all tiers)**

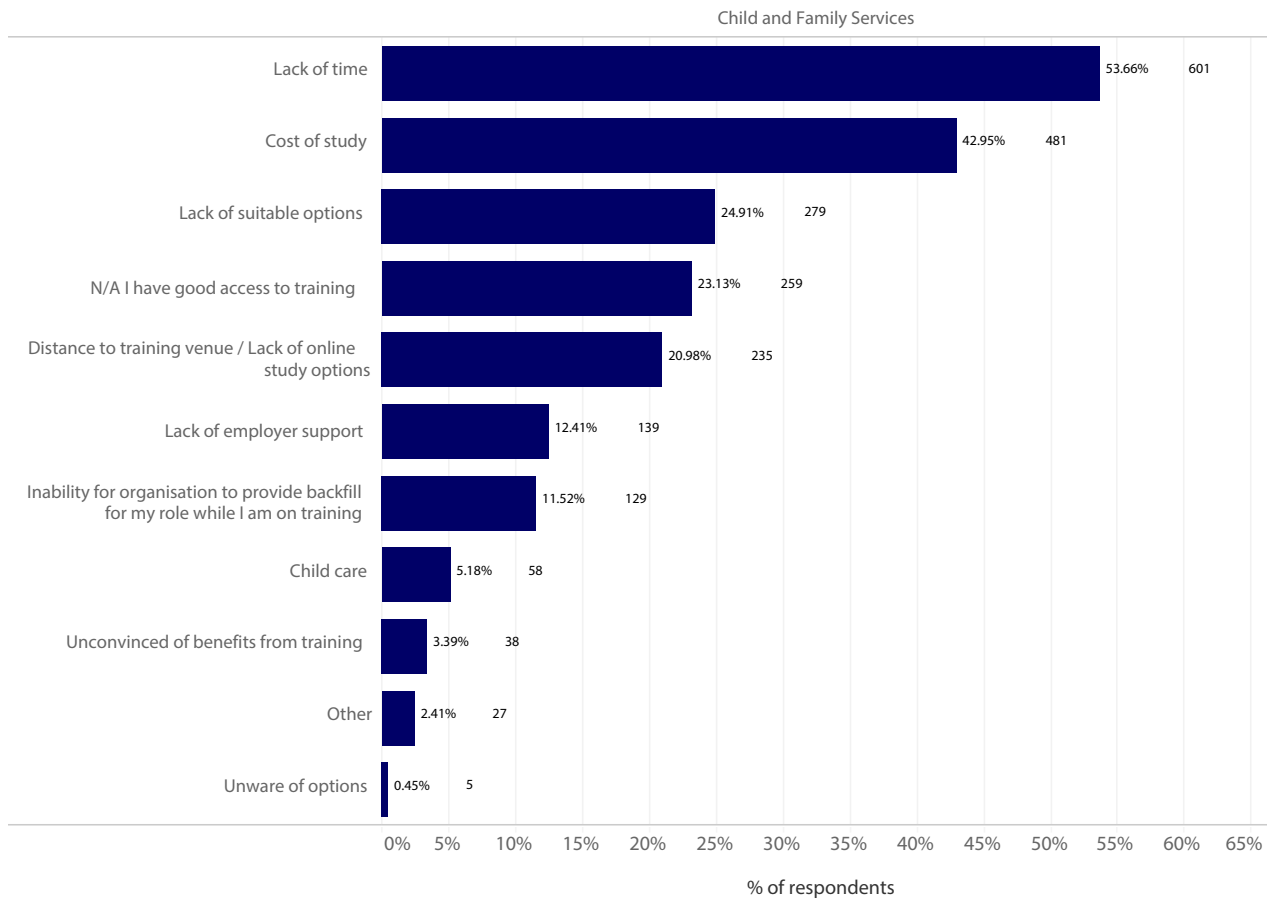


Source: KPMG analysis of employee survey data

### Barriers to training

Survey results indicate that **53.7** per cent of survey respondents who work in Child and Family Services across all tiers cite lack of time as a barrier to accessing.

Figure 52: Barriers to training cited by survey respondents who work in Child and Family Services (all tiers)<sup>87</sup>



Source: KPMG analysis of employee survey data

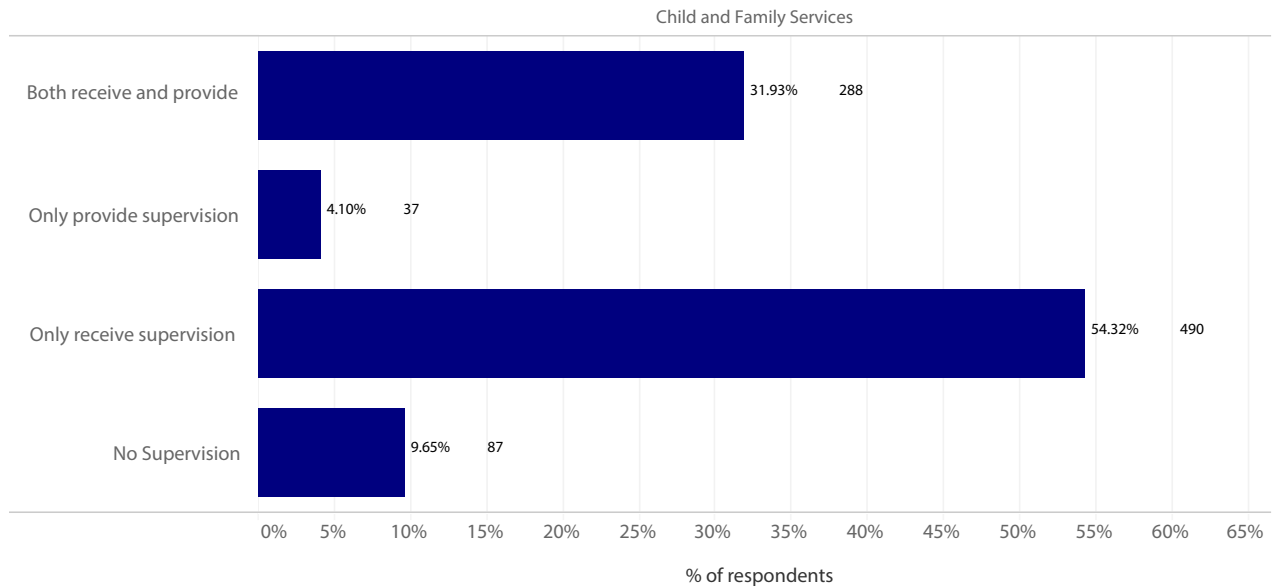
87 979 unique survey respondents answered this question. Respondents could provide multiple answers.

## HEALTH AND WELLBEING

### Proportion who receive clinical supervision

Survey results indicate that **9.6** per cent of survey respondents who work in Child and Family Services and identify as Tier 1, 2 or 3 report that they do not receive any supervision in their role.

Figure 53: Supervision receipt and provision by survey respondents who work in Child and Family Services (Tier 1, 2, 3)<sup>88</sup>

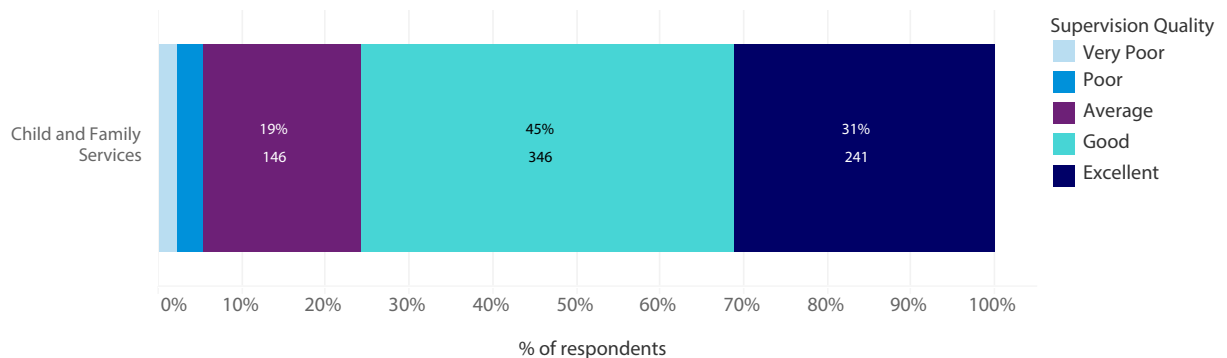


Source: KPMG analysis of employee survey data

### Satisfaction with clinical supervision

Survey results indicate that **31.0** per cent of survey respondents who work in Child and Family Services and identify in Tier 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 54: Quality of supervision received by survey respondents who work in Child and Family Services (Tier 1, 2, 3)<sup>89, 90</sup>



Source: KPMG analysis of employee survey data

88 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

89 Segments with fewer than five survey respondents are not labelled.

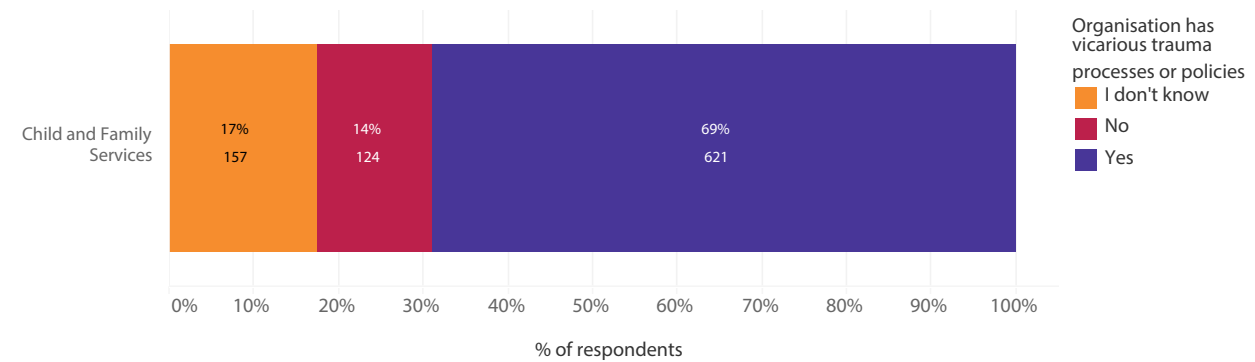
90 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.



### Organisational policies and procedures on vicarious trauma

Survey results indicate that **69.0** per cent of survey respondents who work in Child and Family Services and identify as Tier 1, 2 or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 55: Proportion of survey respondents who work in Child and Family Services whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>91</sup>

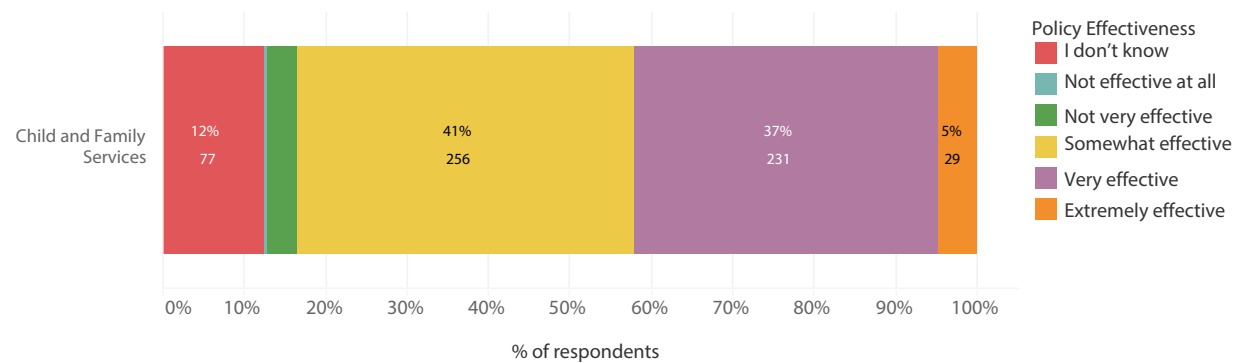


Source: KPMG analysis of employee survey data

### Effectiveness of policies and procedures

Survey results indicate that **42.0** per cent of survey respondents who work in Child and Family Services and identify as Tier 1, 2 or 3 report that the organisation processes or policies and procedures to recognise and manage vicarious trauma are 'very effective' or 'extremely effective'.

Figure 56: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in Child and Family Services (Tier 1, 2, 3)<sup>92, 93</sup>



Source: KPMG analysis of employee survey data

91 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

92 Segments with fewer than five survey respondents are not labelled.

93 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

# COMMUNITY AND HOSPITAL-BASED MENTAL HEALTH

The number of survey respondents identifying as working in Community and Hospital-Based Mental Health was **672**. Of these survey respondents 38, 141, 405, 88 self-selected into Tiers 1, 2, 3 and 4 respectively.

Payroll data was not collected for Community and Hospital-Based Mental Health employees.

## WORKFORCE PROFILE

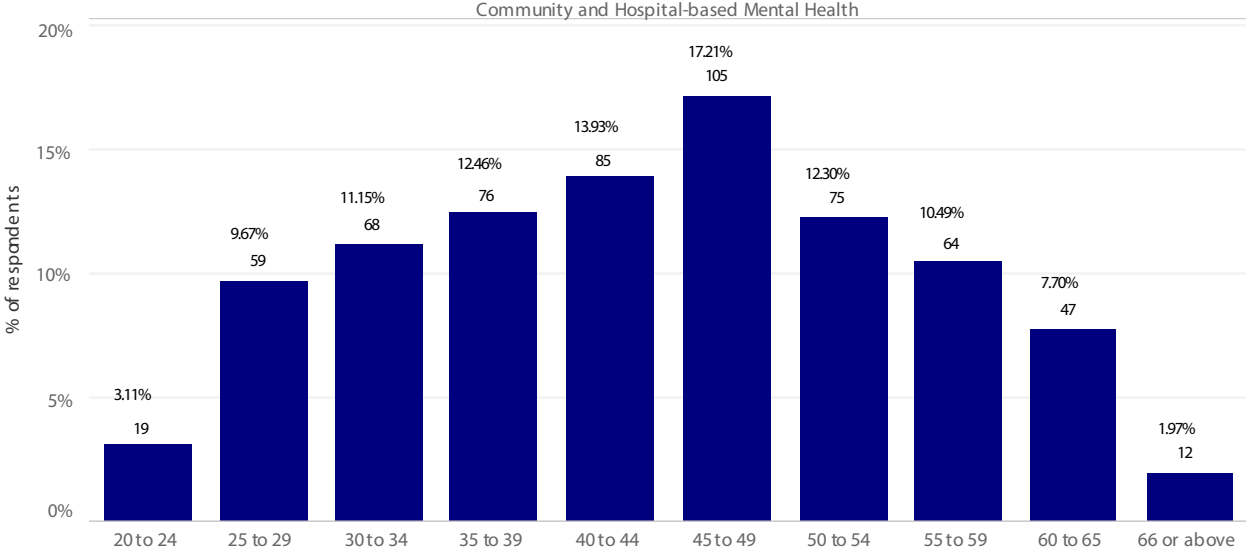
### Gender

Survey results indicate that **79.1** per cent of survey respondents who work in Community and Hospital-Based Mental Health across all tiers are female and **20.9** per cent male.

### Age

Survey results indicate that **23.9** per cent of survey respondents who work in Community and Hospital-Based Mental Health across all tiers are less than 35 years in age.

Figure 57: Age of survey respondents who work in Community and Hospital-Based Mental Health (all tiers)

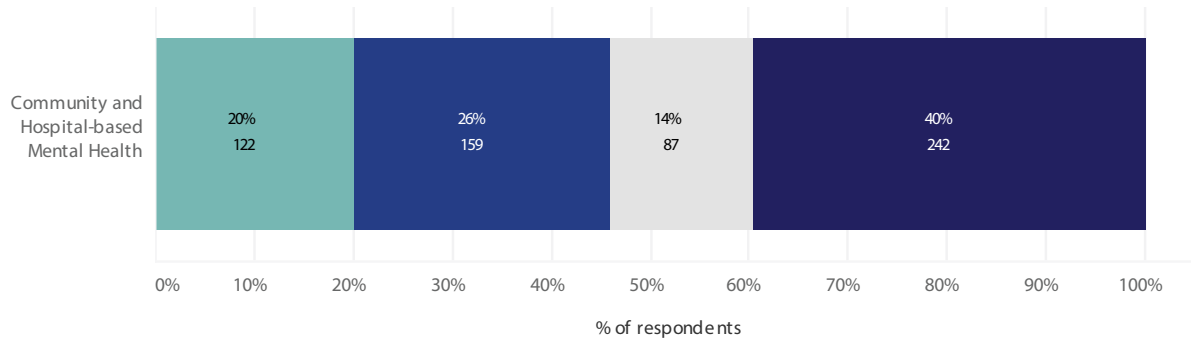


Source: KPMG analysis of employee survey data

## Qualifications

Survey results indicate that **80.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health across all tiers report that their highest level of education is a Bachelor Degree or higher.

**Figure 58: Highest level of education of survey respondents who work in Community and Hospital-Based Mental Health (all tiers)**



### Highest Education

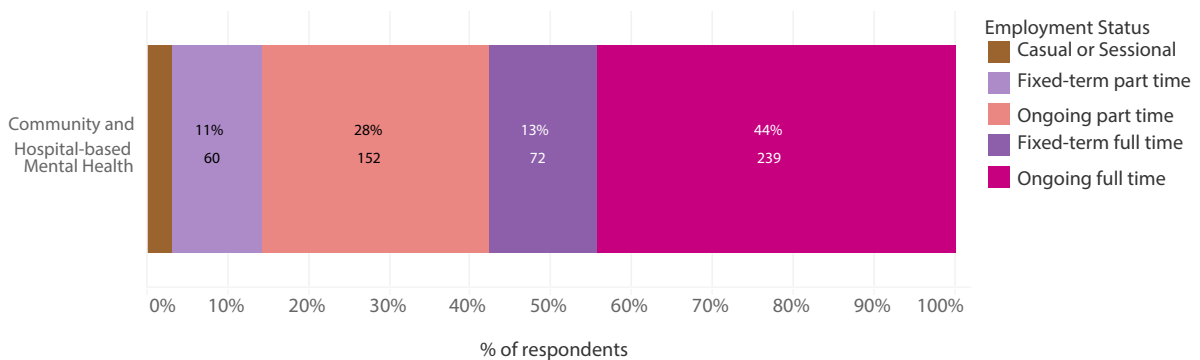
- Year 11 or below, Year 12, Certificate I to IV
- Bachelor Degree
- Graduate Diploma or Graduate Certificate
- Postgraduate Degree

Source: KPMG analysis of employee survey data

## Employment status

Survey results indicate that **57.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health and identify as Tier 1, 2 or 3 are employed on a full time basis.

**Figure 59: Employment status of survey respondents who work in Community and Hospital-Based Mental Health (Tier 1,2,3)<sup>94 95</sup>**



Source: KPMG analysis of employee survey data

## Tenure at current organisation

Data relating to tenure at current organisation is not available for Community and Hospital-Based Mental Health employees as this sector did not participate in the payroll data collection.

94 Segments with fewer than five survey respondents are not labelled.

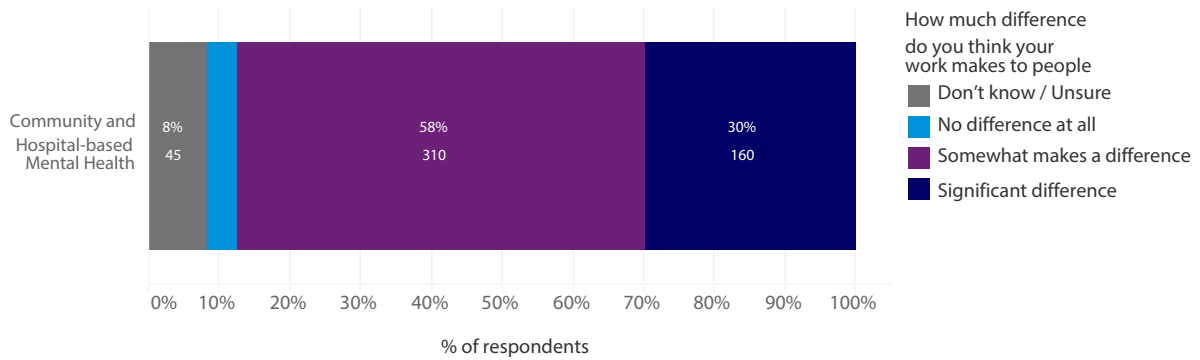
95 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents' perceptions regarding family violence related work

Survey results indicate that **88.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health across all tiers perceive their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 60: Perceptions of Community and Hospital-Based Mental Health survey respondents regarding the difference their work makes to people affected by family violence (all tiers)<sup>96 97</sup>



Source: KPMG analysis of employee survey data

### Proportion of workforce that has undertaken family violence/primary prevention training

Survey results indicate that **59.9** per cent of survey respondents who work in Community and Hospital-Based Mental Health across all tiers have undertaken formal and/or informal training on family violence or primary prevention.

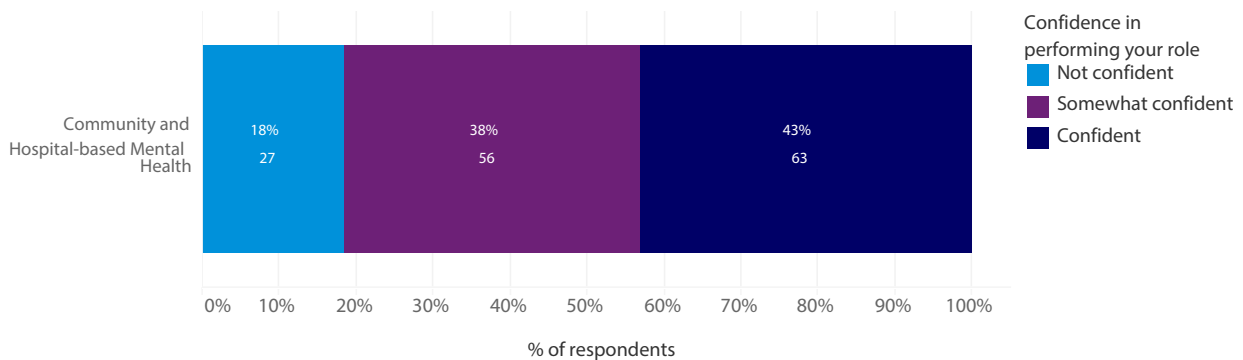
### Proportion of workforce who do not consider they require family violence training

Survey results indicate that **60.5** per cent of survey respondents who work in Community and Hospital-Based Mental Health Service employees across all tiers do not consider a need for family violence or primary prevention training to perform their role.

### Confidence in having enough experience and training to perform role effectively

Survey results indicate that **43.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health, **and identify as Tier 1 or 2**, are confident that they have had sufficient training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

Figure 61: Confidence of survey respondents who work in Community and Hospital-Based Mental Health in having enough experience and training to effectively perform role training (Tier 1 and 2 only)<sup>98</sup>



Source: KPMG analysis of employee survey data

96 Segments with fewer than five survey respondents are not labelled.

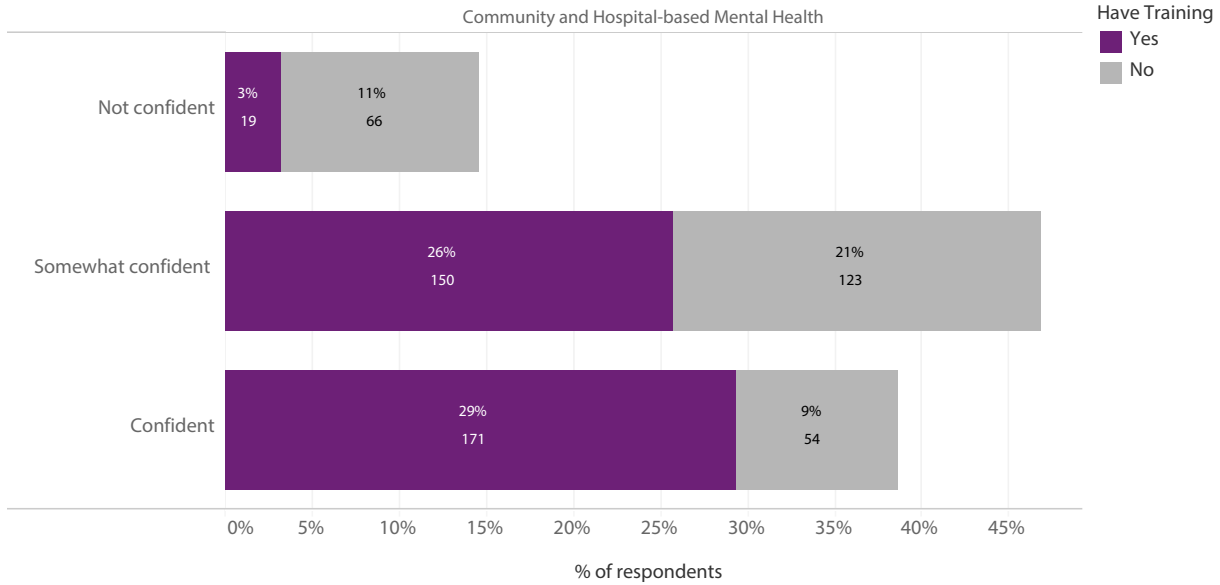
97 Confidence levels are unavailable as the service doesn't have sufficient sample size, but results are provided for insight purposes.

98 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in identifying those who are experiencing family violence

Survey results indicate that **38.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health and identify as Tier 2, 3 or 4 report that they are confident in identifying those who are experiencing family violence. Of these, the majority have received family violence training.

Figure 62: Confidence of survey respondents who work in Community and Hospital-Based Mental Health in identifying family violence (Tier 2, 3, 4)<sup>99</sup>

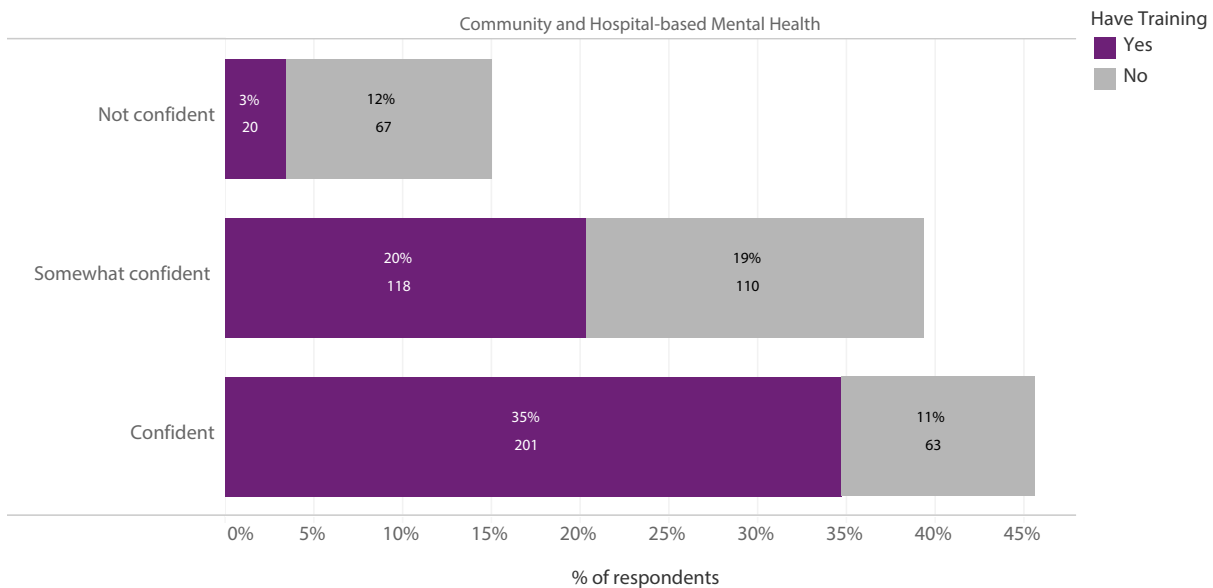


Source: KPMG analysis of employee survey data

### Confidence in responding to a disclosure of family violence

Survey results indicate that **46.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health and identify as Tier 2, 3 or 4 report that they are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

Figure 63: Confidence of survey respondents who work in Community and Hospital-Based Mental Health in responding to family violence by training status (Tier 2, 3, 4)<sup>100</sup>



Source: KPMG analysis of employee survey data

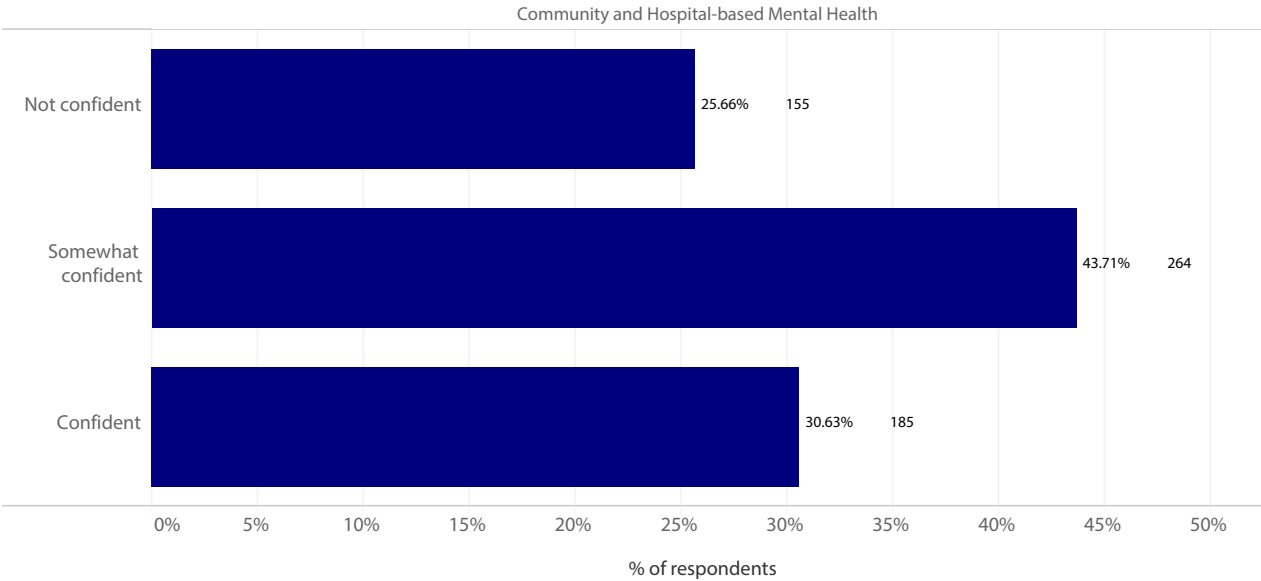
99 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

100 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in managing the needs of children affected by family violence**

Survey results indicate that **30.6** per cent of survey respondents who work in Community and Hospital-Based Mental Health across all tiers report that they are confident in managing the needs of children affected by family violence.

**Figure 64: Confidence of survey respondents who work in Community and Hospital-Based Mental Health in managing the needs of children affected by family violence (all tiers)**

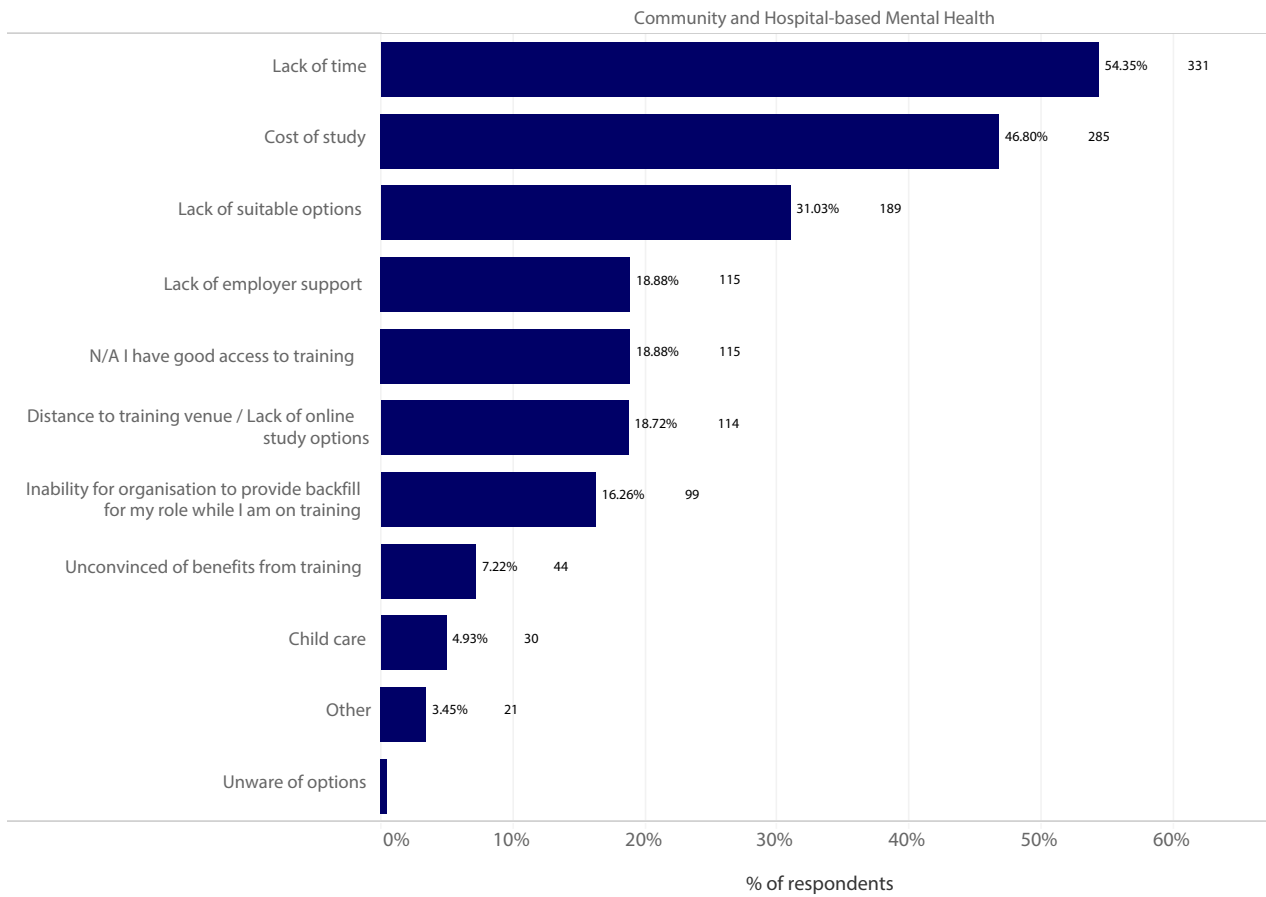


Source: KPMG analysis of employee survey data

### Barriers to training

Survey results indicate that **54.4** per cent of survey respondents who work in Community and Hospital-Based Mental Health across all tiers cite lack of time as a barrier to accessing training.

Figure 65: Barriers to training cited by survey respondents who work in Community and Hospital-Based Mental Health (all tiers)<sup>101</sup>



Source: KPMG analysis of employee survey data

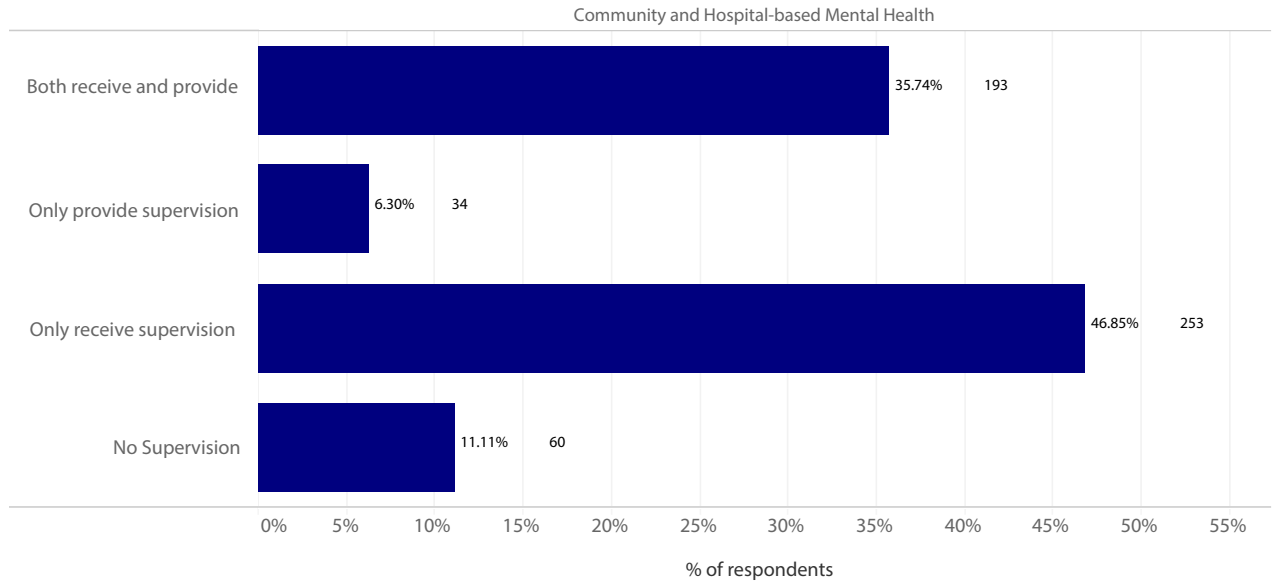
101 608 unique survey respondents answered this question. Respondents could provide multiple answers. Segments with fewer than five survey respondents have not been labelled.

## HEALTH AND WELLBEING

### Proportion who receive clinical supervision

Survey results indicate that **11.1** per cent of survey respondents who work in Community and Hospital-Based Mental Health and identify as Tier 1, 2 or 3 report that they do not receive any supervision in their role.

Figure 66: Supervision receipt and provision by survey respondents who work in Community and Hospital-Based Mental Health (Tier 1, 2, 3)<sup>102</sup>

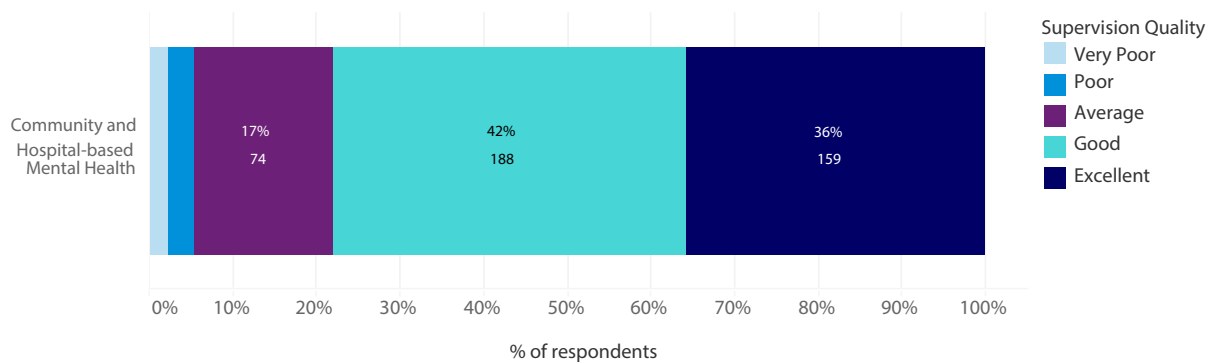


Source: KPMG analysis of employee survey data

### Satisfaction with clinical supervision

Survey results indicate that **36.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health and identify as Tier 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 67: Quality of supervision received by survey respondents who work in Community and Hospital-Based Mental Health (Tier 1, 2, 3)<sup>103 104</sup>



Source: KPMG analysis of employee survey data

102 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

103 Segments with fewer than five survey respondents are not labelled.

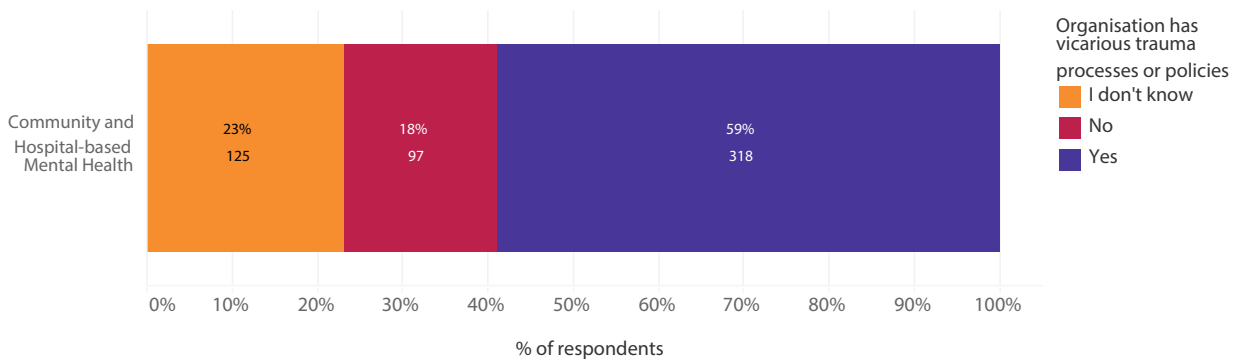
104 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.



### Organisational policies and procedures on vicarious trauma

Survey results indicate that **59.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health and identify as Tier 1, 2 or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 68: Proportion of survey respondents who work in Community and Hospital-Based Mental Health whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>105</sup>

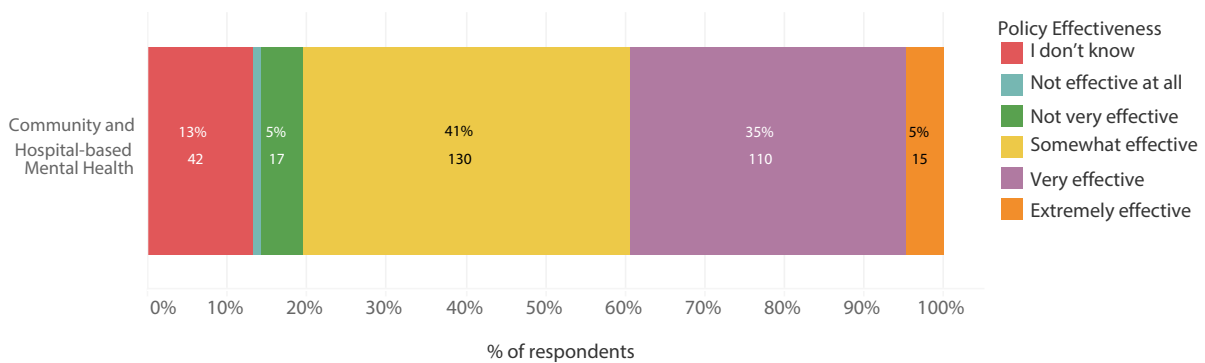


Source: KPMG analysis of employee survey data

### Effectiveness of policies and procedures

Survey results indicate that **40.0** per cent of survey respondents who work in Community and Hospital-Based Mental Health and identify as Tier 1, 2 or 3 report that their organisation's processes or policies and procedures to recognise and manage vicarious trauma are 'very effective' or 'extremely effective'.

Figure 69: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in Community and Hospital-Based Mental Health (Tier 1, 2, 3)<sup>106 107</sup>



Source: KPMG analysis of employee survey data

105 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

106 Segments with fewer than five survey respondents are not labelled.

107 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

# CORRECTIONS AND COMMUNITY CORRECTIONS

The number of survey respondents identifying as working in Corrections and Community Corrections was **718**. Of these survey respondents 149, 177, 134, 258 self-selected into Tiers 1, 2, 3 and 4 respectively.

The payroll data for organisations mapped to Corrections and Community Corrections collected records on 4,118 employees.

## WORKFORCE PROFILE

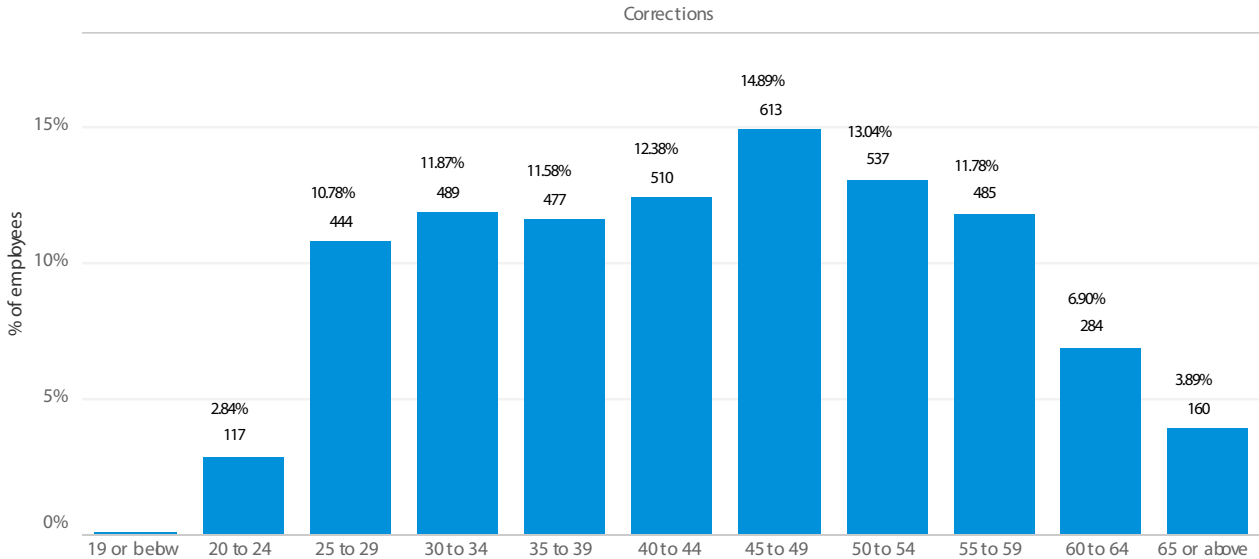
### Gender

Payroll data indicate that **38.6** per cent of employees in Corrections and Community Corrections are female and 61.4 per cent are male.

### Age

Payroll data indicate that **39.7** per cent of employees who work in Corrections and Community Corrections are between 45 and 59 years old and that 49.5 per cent are between 20 and 44 years old.

Figure 70: Age of employees working in Corrections and Community Corrections<sup>108</sup>



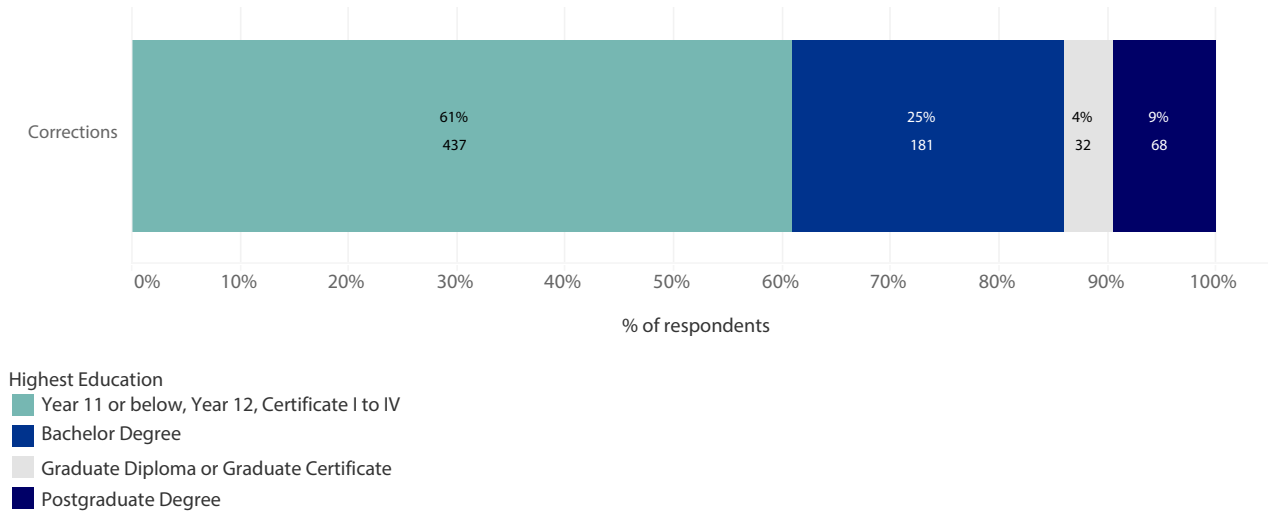
Source: KPMG analysis of employer payroll data

108 Segments with fewer than five have not labelled.

### Qualifications

Survey results indicate that **38.0** per cent of survey respondents working in Corrections and Community Corrections report that their highest level of education is a Bachelor Degree or higher.

Figure 71: Highest level of education of survey respondents who work in Corrections and Community Corrections (all tiers)

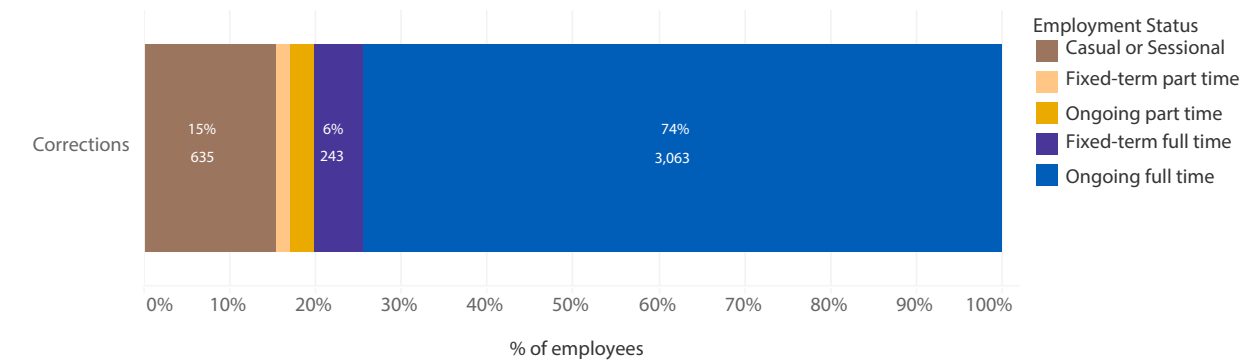


Source: KPMG analysis of employee survey data

### Employment status

Payroll data indicate that **74.0** per cent of Corrections and Community Corrections employees are employed on an ongoing full time basis.

Figure 72: Employment status employees in Corrections and Community Corrections<sup>109</sup>



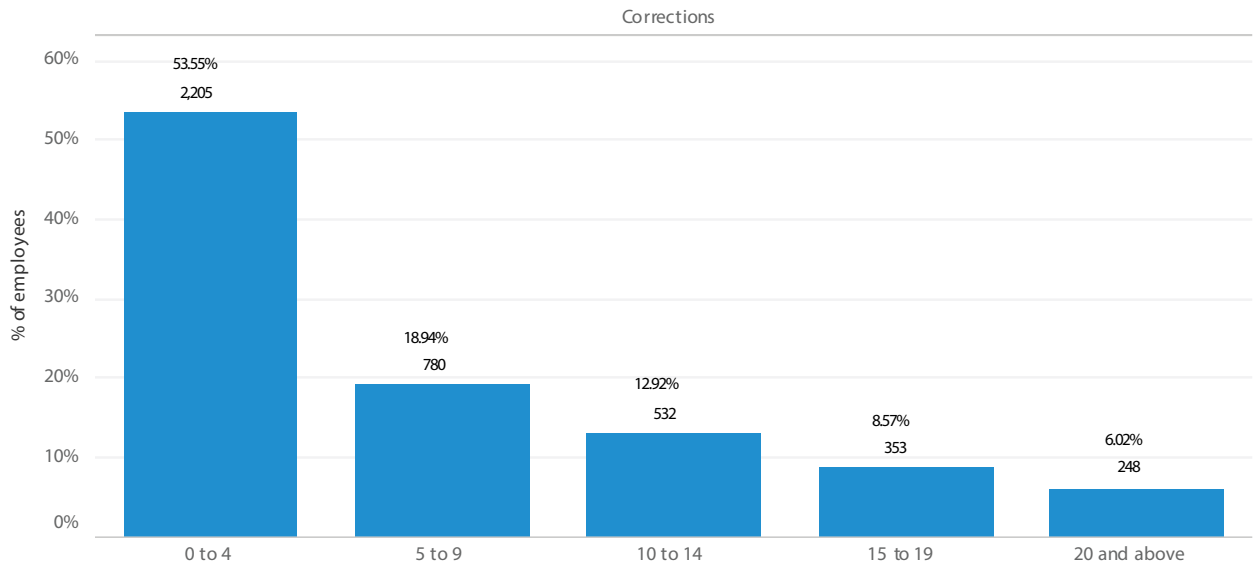
Source: KPMG analysis of employer payroll data

109 Segments with fewer than five survey respondents are not labelled.

### Tenure at current organisation

Payroll data indicate that **53.6** per cent of Corrections and Community Corrections employees have worked at their current organisation for zero to four years.

Figure 73: Tenure in years of employees working in Corrections and Community Corrections at current organisation



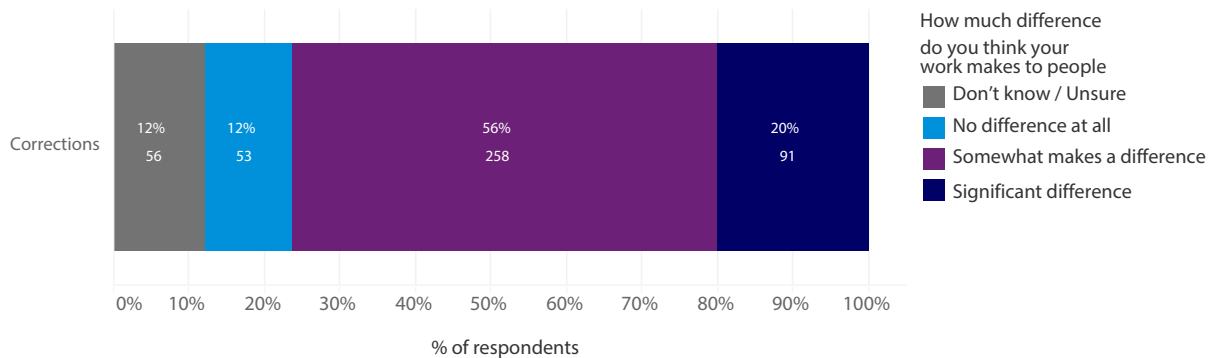
Source: KPMG analysis of employer payroll data

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents' perceptions regarding family violence related work

Survey results indicate that **76.0** per cent of survey respondents who work in Corrections and Community Corrections across all tiers report that they perceive that their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 74: Perceptions of Corrections and Community Corrections survey respondents regarding the difference their work makes to people affected by family violence (all tiers)



Source: KPMG analysis of employee survey data

**Proportion of workforce that has undertaken family violence/primary prevention training**

Survey results indicate that **55.0** per cent of survey respondents who work in Corrections and Community Corrections across all tiers have undertaken formal and/or informal training on family violence or primary prevention.

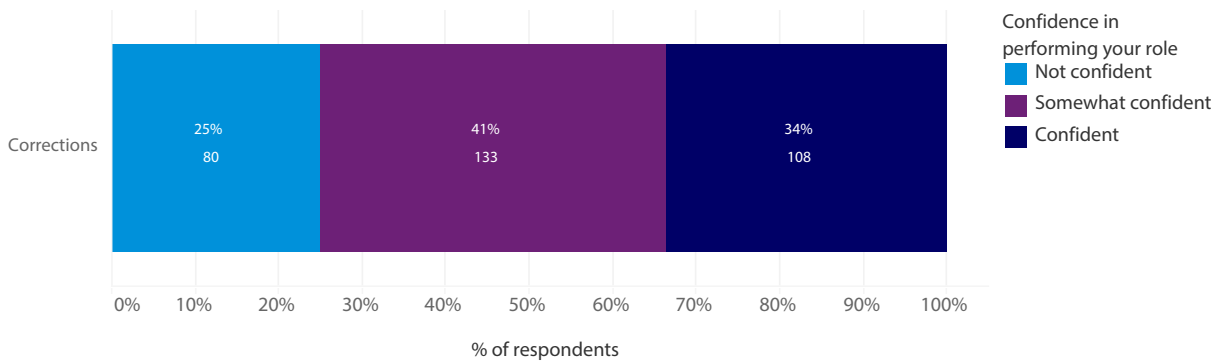
**Proportion of workforce who do not consider they require family violence training**

Survey results indicate that **60.0** per cent of survey respondents who work in Corrections and Community Corrections across all tiers do not consider a need for family violence or primary prevention training to perform their role.

**Confidence in having enough experience and training to perform role effectively**

Survey results indicate **34.0** per cent of survey respondents who work in Corrections and Community Corrections, and identify as Tier 1 or 2, are 'confident' that they have had enough training and experience to perform their role effectively with regards to family violence and/or primary prevention

Figure 75: Confidence of survey respondents who work in Corrections and Community Corrections in having enough experience and training to effectively perform role (Tier 1 and 2 only)<sup>110</sup>



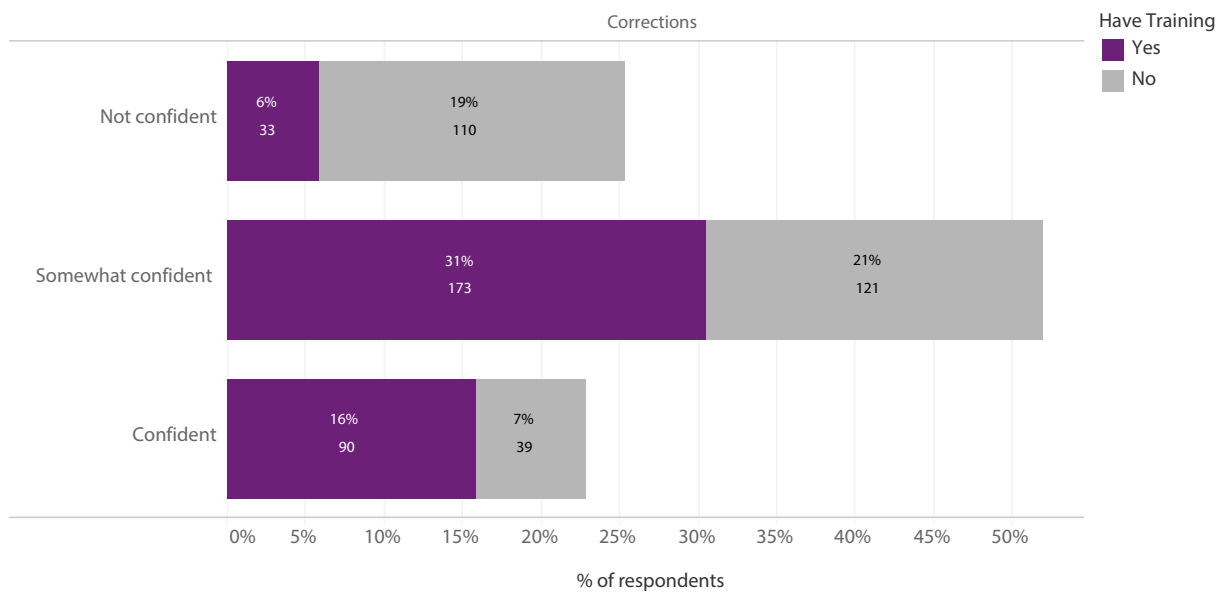
Source: KPMG analysis of employee survey data

110 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in identifying those who are experiencing family violence

Survey results indicate that **23.0** per cent of survey respondents who work in Corrections and Community Corrections and identify as Tier 2, 3 or 4 report that they are confident in identifying those who are experiencing family violence. Of these survey respondents, the majority have received family violence training.

Figure 76: Confidence of survey respondents who work in Corrections and Community Corrections in identifying family violence (Tier 2, 3, 4)<sup>111</sup>



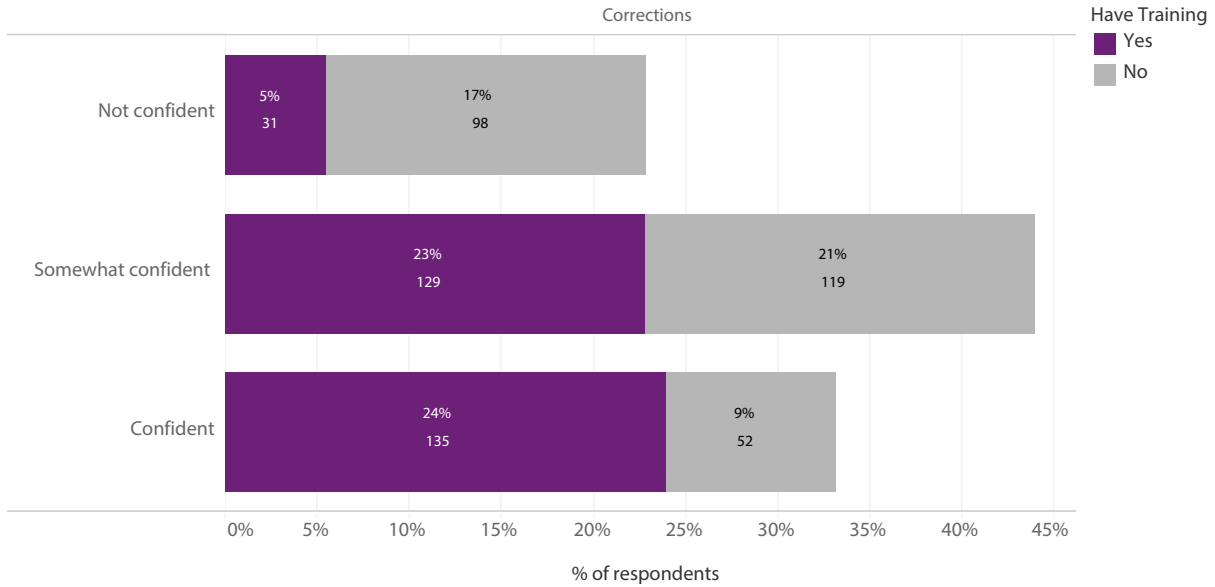
Source: KPMG analysis of employee survey data

111 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in responding to a disclosure of family violence

Survey results indicate that **33.0** per cent of survey respondents who work in Corrections and Community Corrections and identify as Tier 2, 3 or 4 are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

Figure 77: Confidence of survey respondents who work in Corrections and Community Corrections in responding to family violence by training status (Tier 2, 3, 4)<sup>112</sup>

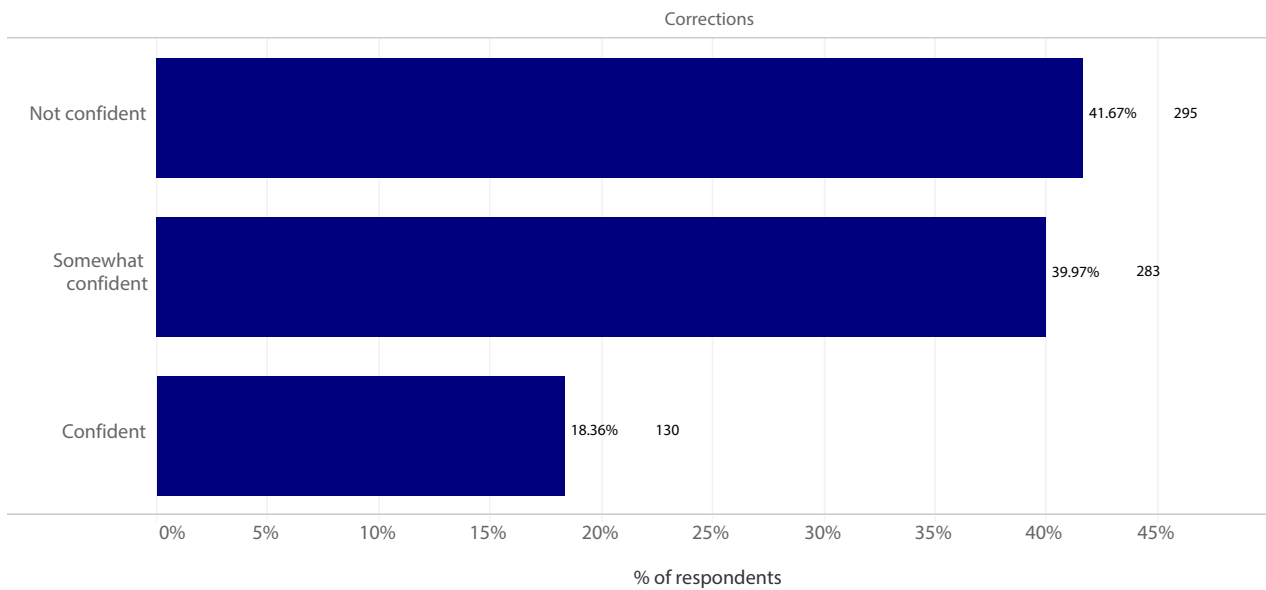


Source: KPMG analysis of employee survey data

### Confidence in managing the needs of children affected by family violence

Survey results indicate that **18.4** per cent of survey respondents who work in Corrections and Community Corrections across all tiers report that they are confident in managing the needs of children affected by family violence.

Figure 78: Confidence of survey respondents who work in Corrections and Community Corrections in managing the needs of children affected by family violence (all tiers)



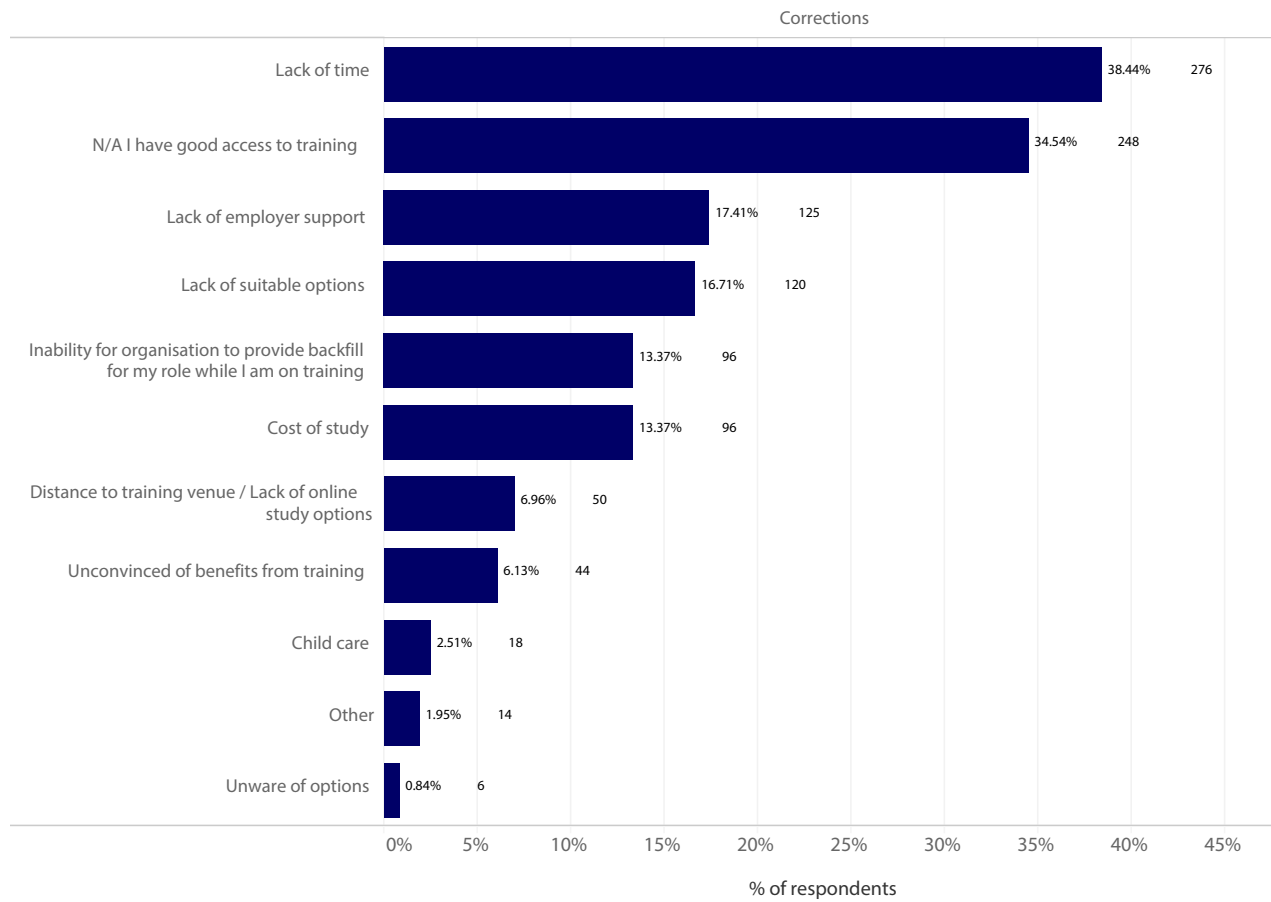
Source: KPMG analysis of employee survey data

112 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

## Barriers to training

Survey results indicate that **38.4** per cent of survey respondents who work in Corrections and Community Corrections across all tiers cite lack of time as a barrier to accessing training.

Figure 79: Barriers to training cited by survey respondents who work in Corrections and Community Corrections (all tiers)<sup>113</sup>



Source: KPMG analysis of employee survey data

113 569 unique survey respondents answered this question.

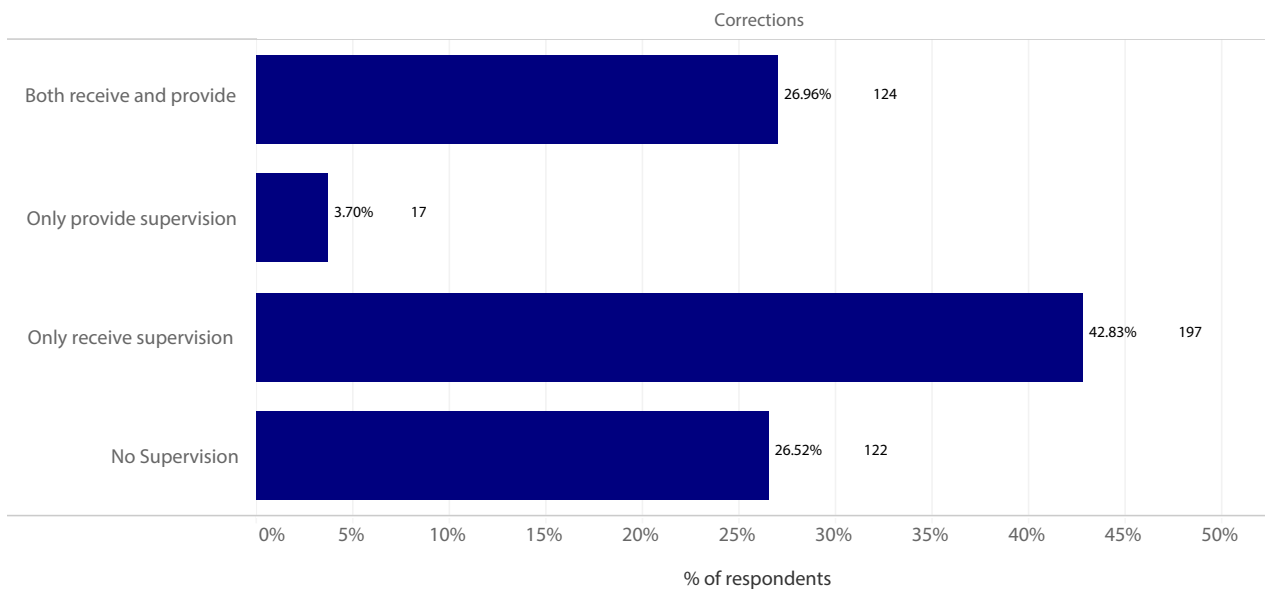


## HEALTH AND WELLBEING

### Proportion who receive clinical supervision

Survey results indicate that **27.0** per cent of survey respondents who work in Corrections and Community Corrections and identify as Tier 1, 2 or 3 report that they do not receive any supervision in their role.

**Figure 80: Supervision receipt and provision by survey respondents who work in Corrections and Community Corrections (Tier 1, 2, 3)<sup>114</sup>**

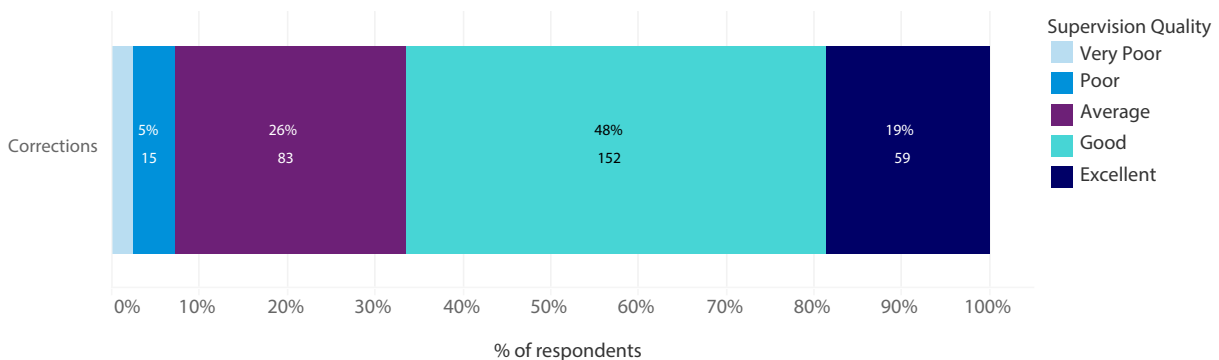


Source: KPMG analysis of employee survey data

### Satisfaction with clinical supervision

Survey results indicate that **19.0** per cent of survey respondents who work in Corrections and Community Corrections and identify as Tier 1, 2 or 3 report the quality of the supervision received as 'excellent'.

**Figure 81: Quality of supervision received by survey respondents who work in Corrections and Community Corrections (Tier 1, 2, 3)<sup>115 116</sup>**



Source: KPMG analysis of employee survey data

<sup>114</sup> Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

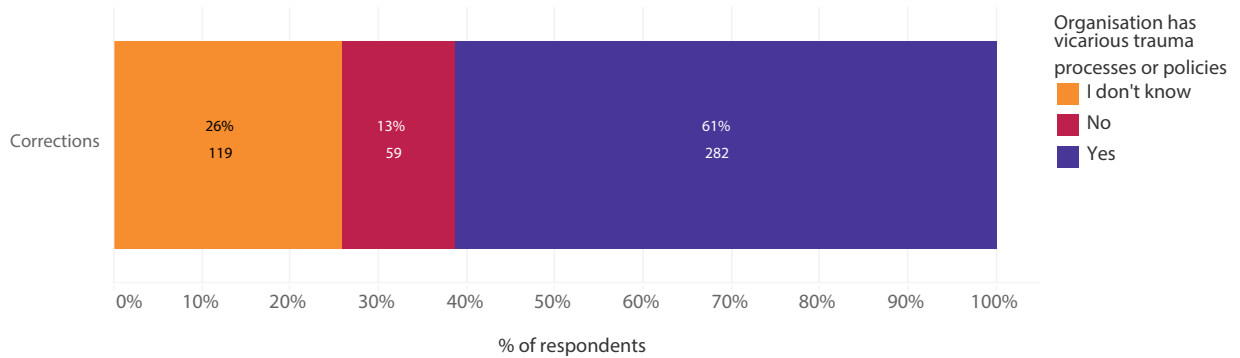
<sup>115</sup> Segments with fewer than five survey respondents are not labelled.

<sup>116</sup> Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

### Organisational policies and procedures on vicarious trauma

Survey results indicate that **61.0** per cent of survey respondents who work in Corrections and Community Corrections and identify as Tier 1, 2 or 3 are aware of their organisations processes, policies and procedures to recognise and manage vicarious trauma.

Figure 82: Proportion of survey respondents who work in Corrections and Community Corrections whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>117</sup>

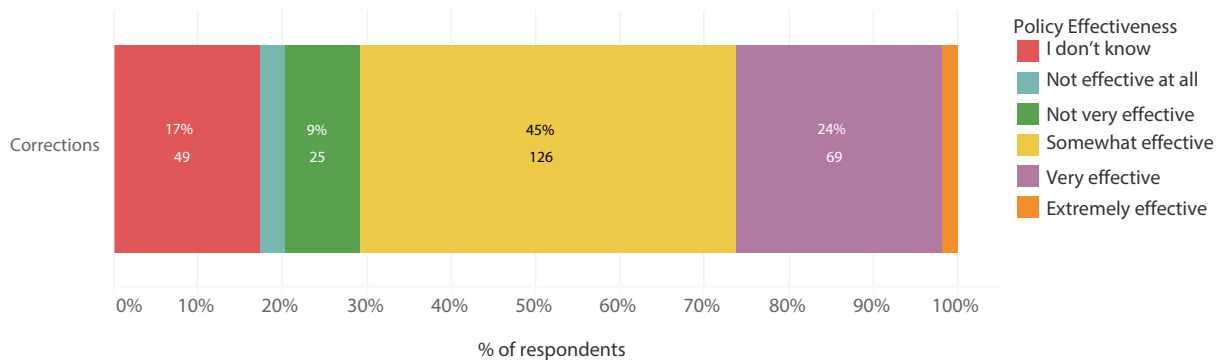


Source: KPMG analysis of employee survey data

### Effectiveness of policies and procedures

Survey results indicate that over **24.0** per cent of survey respondents who work in Corrections and Community Corrections and identify as Tier 1, 2 or 3 report that their organisation's processes, policies and procedures to recognise and manage vicarious trauma are 'very effective' or 'extremely effective'.

Figure 83: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in in Corrections and Community Corrections (Tier 1, 2, 3)<sup>118 119</sup>



Source: KPMG analysis of employee survey data

117 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

118 Segments with fewer than five survey respondents are not labelled.

119 Confidence levels are unavailable as population size relevant to this question is unavailable due to the question not asking all tiers.

# HOMELESSNESS SERVICES

The number of survey respondents identifying as working in Homelessness Services was **724**. Of these survey respondents 99, 150, 396, 79 self-selected into Tiers 1, 2, 3 and 4 respectively.

The payroll data for organisations mapped to Homelessness Services collected records on **1,327** employees.

## WORKFORCE PROFILE

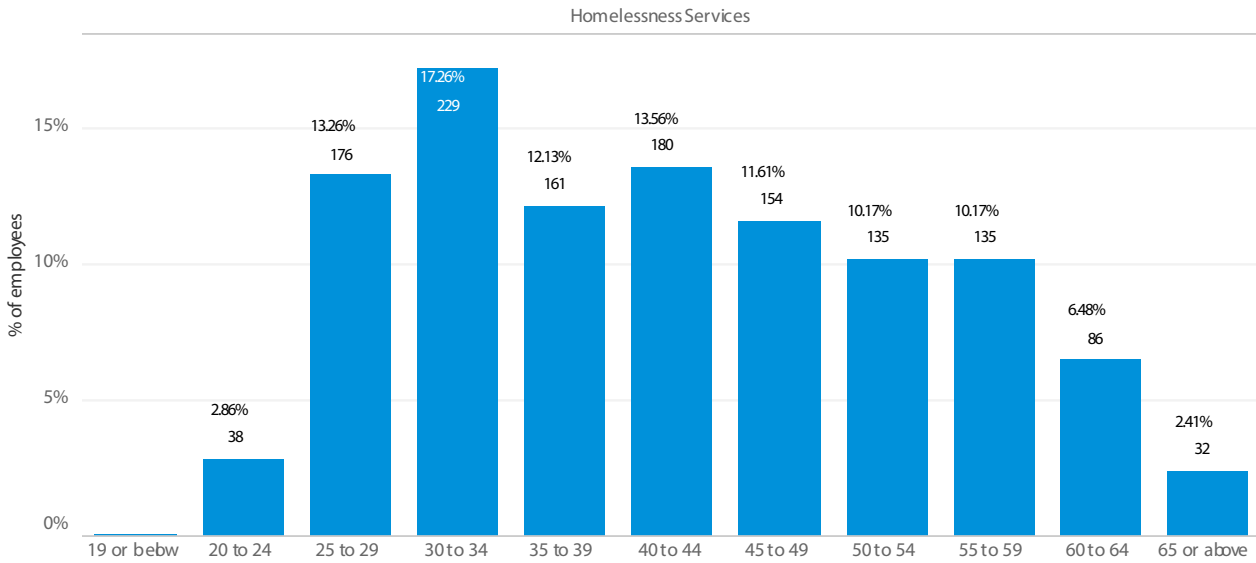
### Gender

Payroll data indicate that **73.1** per cent of employees in Homelessness Services are female and **26.9** per cent are male.

### Age

Payroll data indicate that **30.5** per cent of employees in this service line are between 25 and 35 years of age.

Figure 84: Age of employees working in Homelessness Services<sup>120</sup>



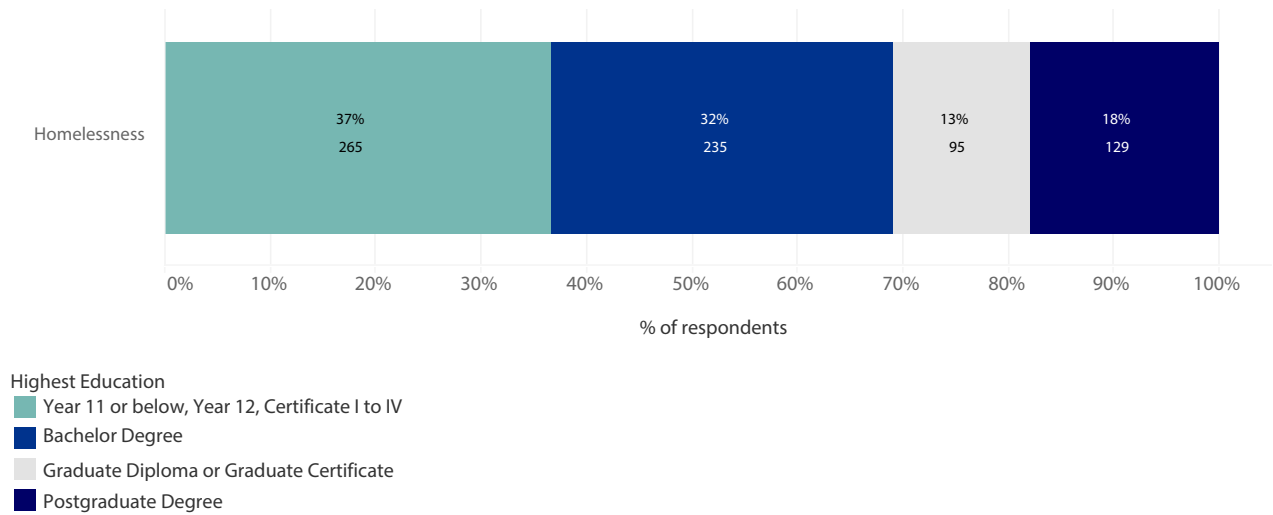
Source: KPMG analysis of employer payroll data

120 Segments with fewer than five survey respondents are not labelled.

### Qualifications

Survey results indicate that **63.0** per cent of survey respondents who work in Homelessness Services across all tiers report that their highest level of education is a Bachelor Degree or higher.

Figure 85: Highest level of education of survey respondents who work in Homelessness Services (all tiers)

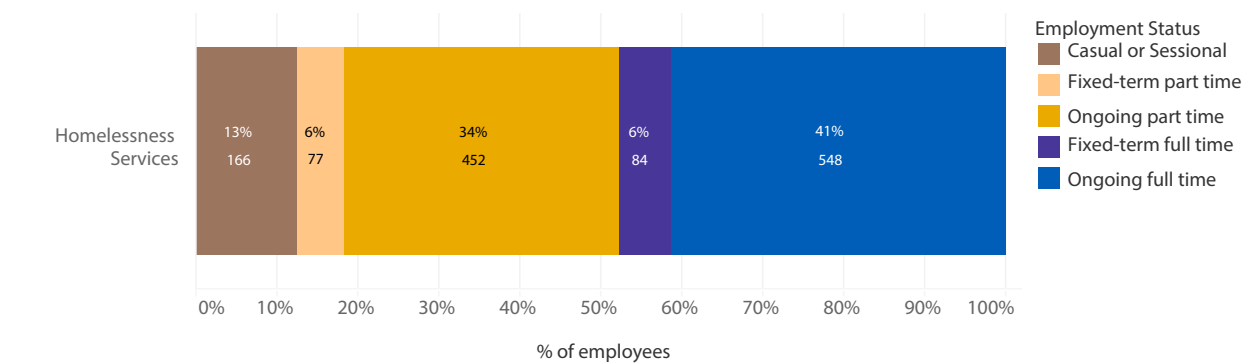


Source: KPMG analysis of employee survey data

### Employment status

Payroll data indicate that **53.0** per cent of Homelessness Services employees are employed on a part time, casual or sessional basis.

Figure 86: Employment status of employees working in Homelessness Services

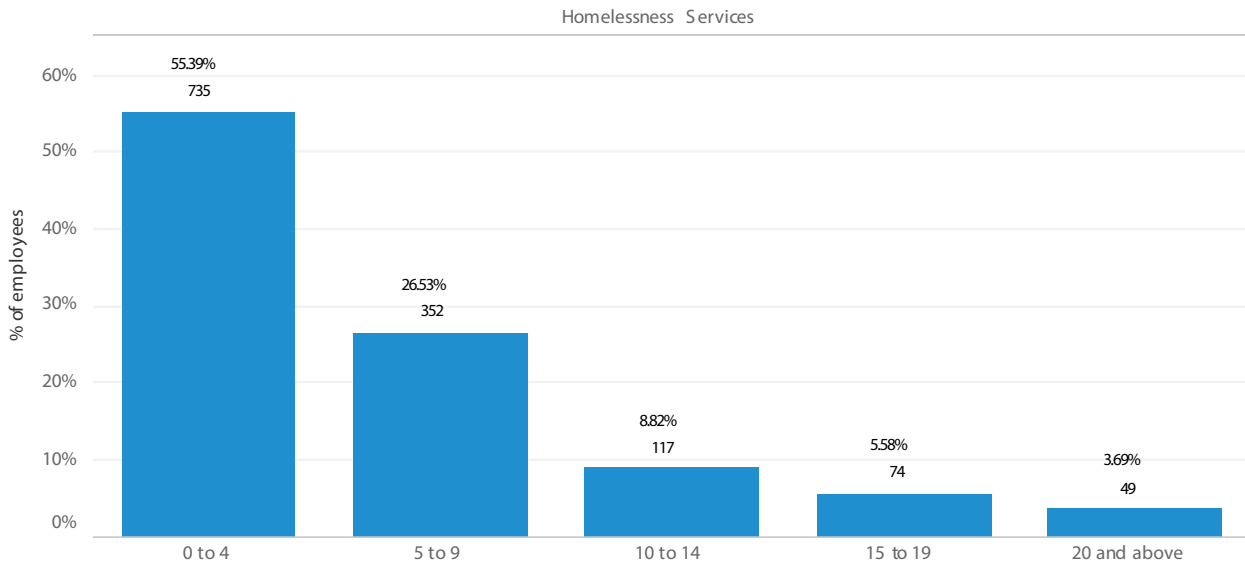


Source: KPMG analysis of employer payroll data

### Tenure at current organisation

Payroll data indicate that **55.4** per cent of employees who work in Homelessness Services have worked at their current organisation for zero to four years.

Figure 87: Tenure in years of employees working in Homelessness Services at current organisation



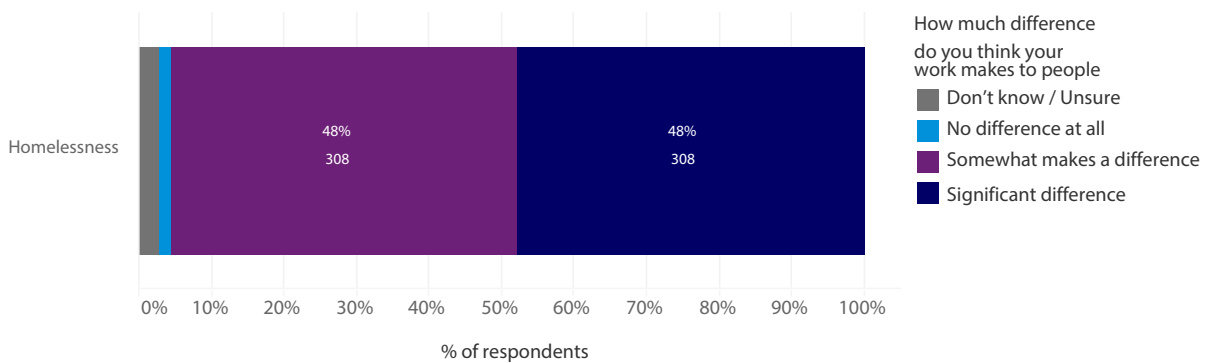
Source: KPMG analysis of employer payroll data

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents' perceptions regarding family violence related work

Survey results indicate that **96.0** per cent of survey respondents who work in Homelessness Services across all tiers perceive their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 88: Perceptions of Homelessness Services survey respondents regarding the difference their work makes to people affected by family violence (all tiers)<sup>121</sup>



Source: KPMG analysis of employee survey data

121 Segments with fewer than five survey respondents are not labelled.

**Proportion of workforce that has undertaken family violence/primary prevention training**

Survey results indicate that **77.2** per cent of survey respondents who work in Homelessness Services across all tiers have undertaken formal and/or informal training on family violence or primary prevention.

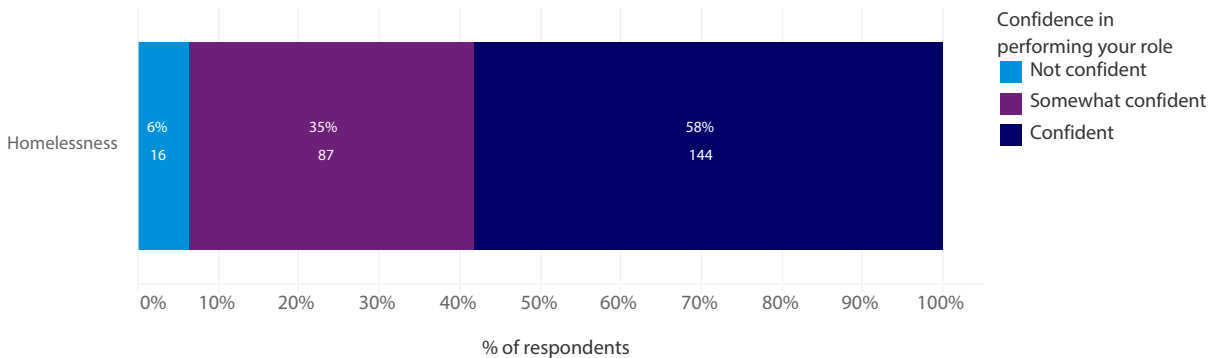
**Proportion of workforce who do not consider they require family violence training**

Survey results indicate that **46.0** per cent of survey respondents who work in Homelessness Services across all tiers do not consider a need for family violence or primary prevention training to perform their role.

**Confidence in having enough experience and training to perform role effectively**

Survey results indicate that **58.0** per cent of survey respondents who work in Homelessness Services, and identify as Tier 1 or 2, are confident that they have had sufficient training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

**Figure 89: Confidence of survey respondents who work in Homelessness Services in having enough experience and training to effectively perform role (Tier 1 and 2 only)<sup>122</sup>**



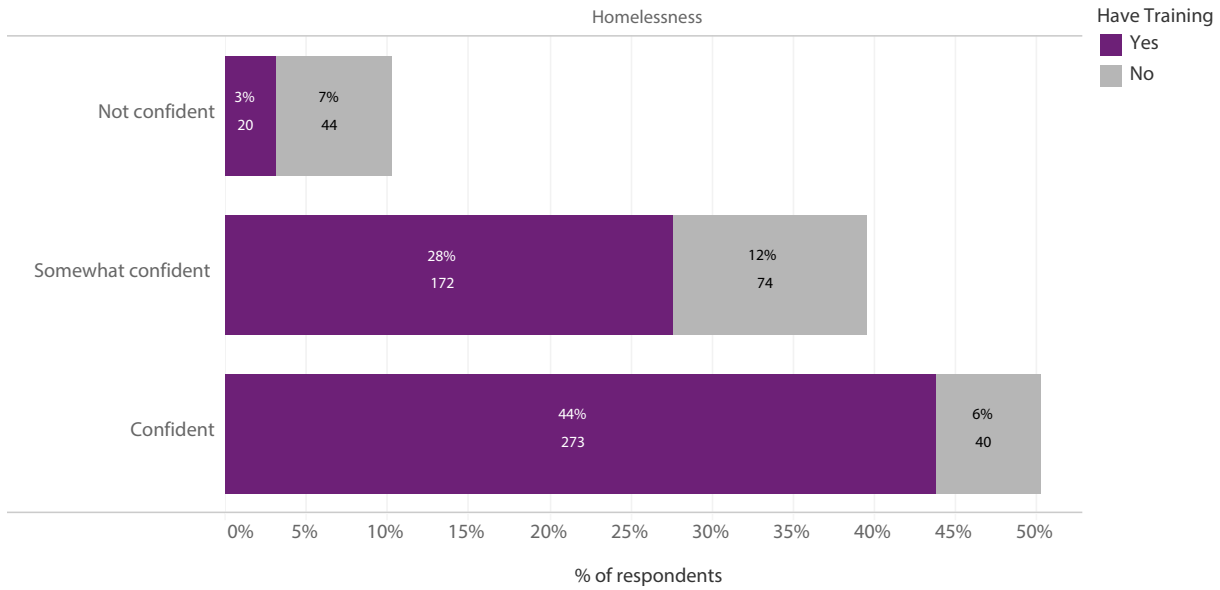
Source: KPMG analysis of employee survey data

<sup>122</sup> This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in identifying those who are experiencing family violence

Survey results indicate that **50.0** per cent of survey respondents who work in Homelessness Services and identify as Tier 2, 3 or 4 report that they are confident in identifying those who are experiencing family violence. Of these, the majority have received family violence training.

Figure 90: Confidence of survey respondents who work in Homelessness Services in identifying family violence (Tier 2, 3, 4)<sup>123</sup>

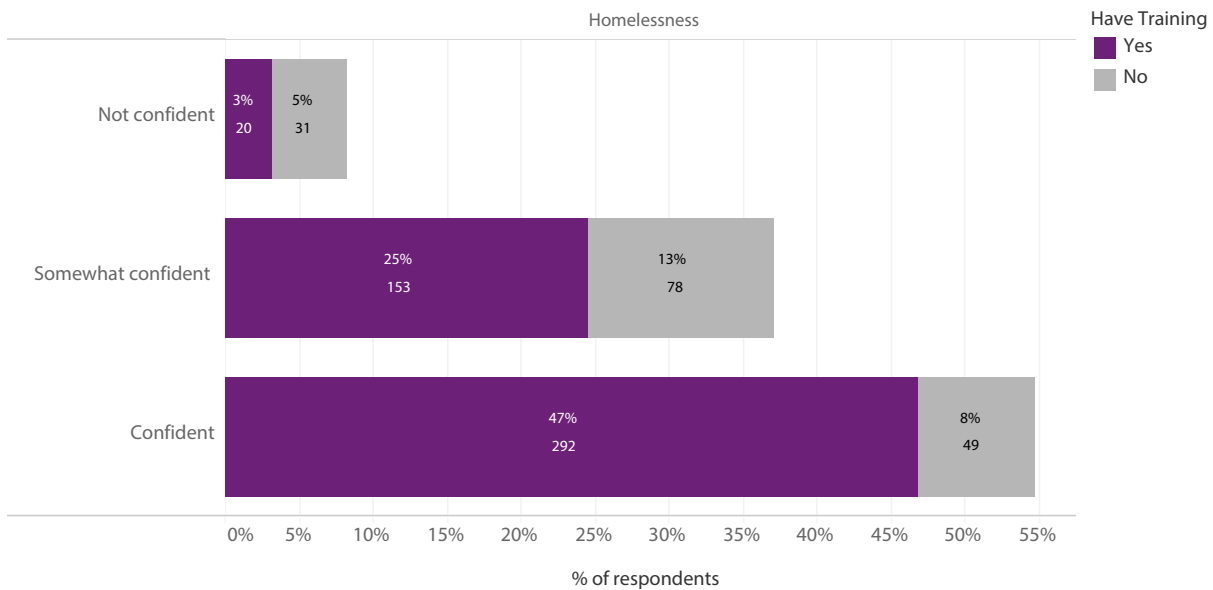


Source: KPMG analysis of employee survey data

### Confidence in responding to a disclosure of family violence

Survey results indicate that **55.0** per cent of survey respondents who work in Homelessness Services and identify as Tier 2, 3 or 4 report that they are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

Figure 91: Confidence of survey respondents who work in Homelessness Services in responding to family violence by training status (Tier 2, 3, 4)<sup>124</sup>



Source: KPMG analysis of employee survey data

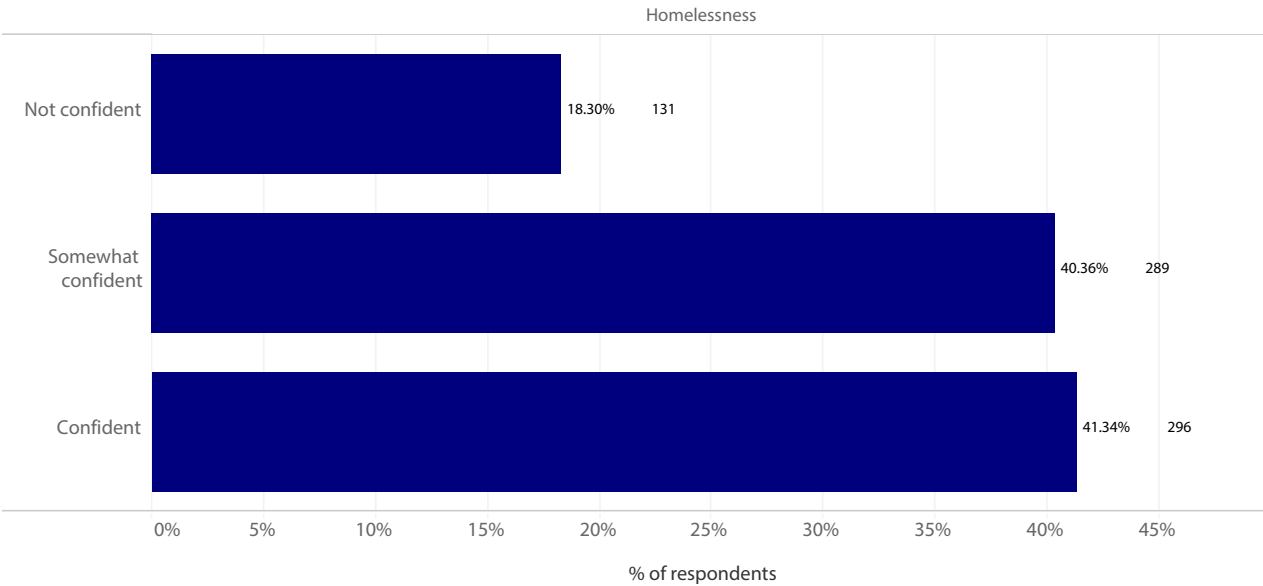
123 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

124 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in managing the needs of children affected by family violence**

Survey results indicate that **41.3** per cent of survey respondents who work in Homelessness Services across all tiers report that they are confident in managing the needs of children affected by family violence.

**Figure 92: Confidence of survey respondents who work in Homelessness Services in managing the needs of children affected by family violence (all tiers)**



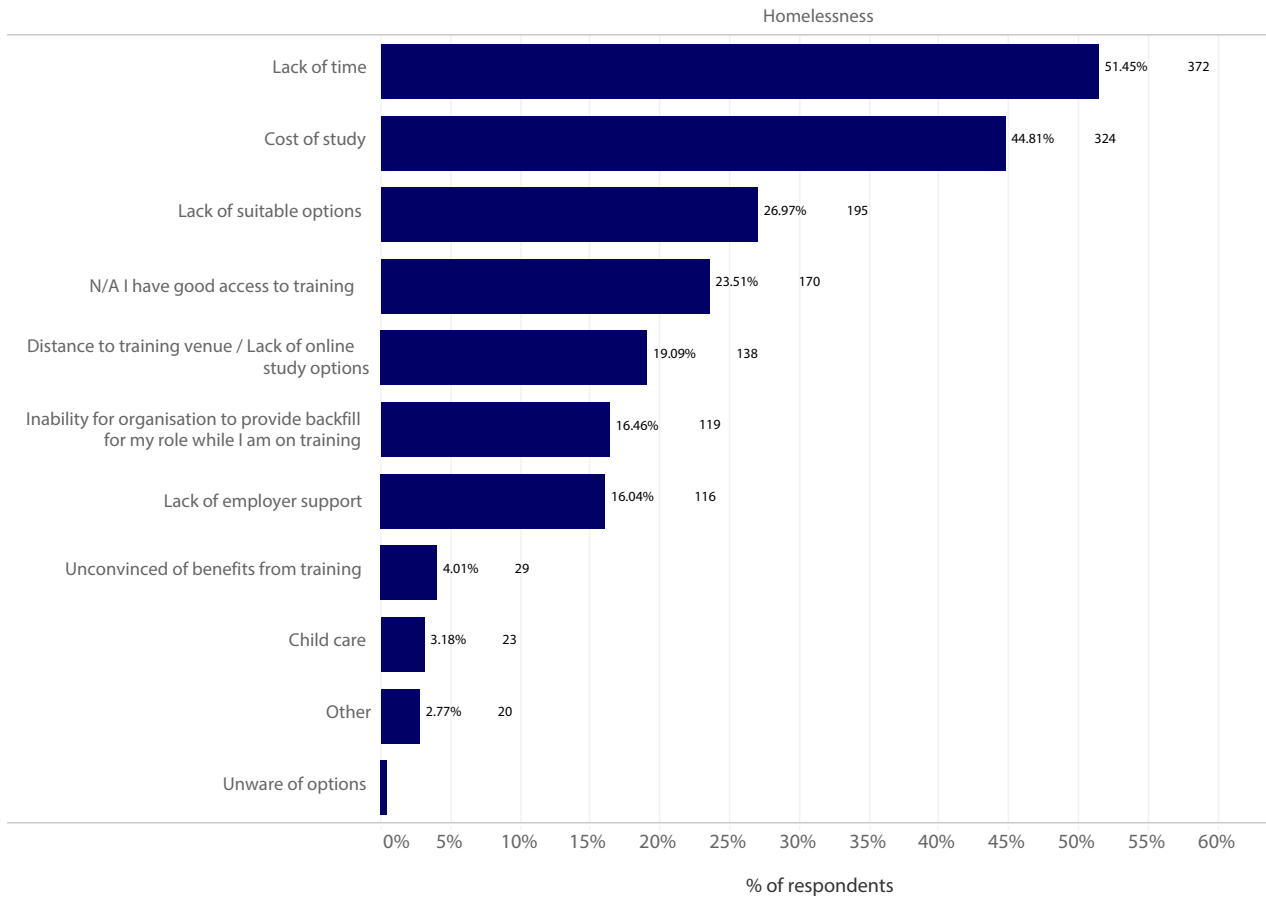
Source: KPMG analysis of employee survey data



### Barriers to training

Survey results indicate that **51.5** per cent of survey respondents who work in Homelessness Services across all tiers cite lack of time as a barrier to accessing training.

Figure 93: Barriers to training cited by survey respondents who work in Homelessness Services (all tiers)<sup>125</sup>



Source: KPMG analysis of employee survey data

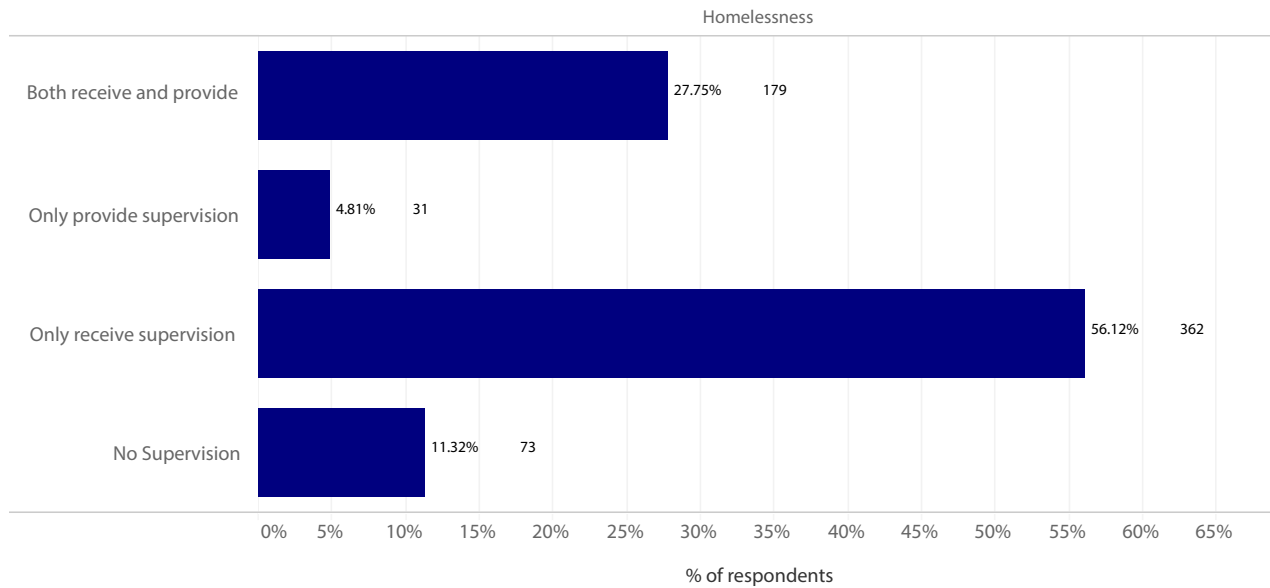
125 625 unique respondents answered this question. Segments with fewer than five survey respondents are not labelled.

## HEALTH AND WELLBEING

### Proportion who receive clinical supervision

Survey results indicate that **11.3** per cent of survey respondents who work in Homelessness Services and identify as Tier 1, 2 or 3 report that they do not receive any supervision in their role.

Figure 94: Supervision receipt and provision by survey respondents who work in Homelessness Services (Tier 1, 2, 3)<sup>126</sup>

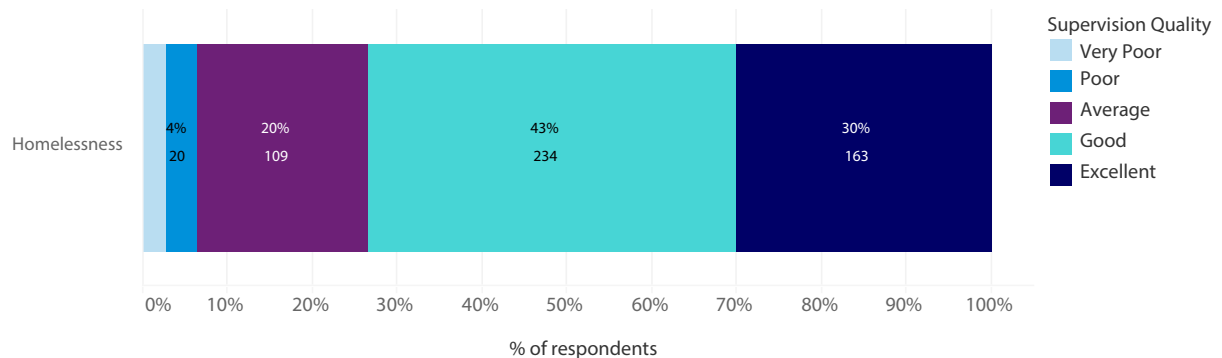


Source: KPMG analysis of employee survey data

### Satisfaction with clinical supervision

Survey results indicate that **30.0** per cent of survey respondents who work in Homelessness Services and identify as Tier 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 95: Quality of supervision received by survey respondents who work in Homelessness Services (Tier 1, 2, 3)<sup>127 128</sup>



Source: KPMG analysis of employee survey data

126 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

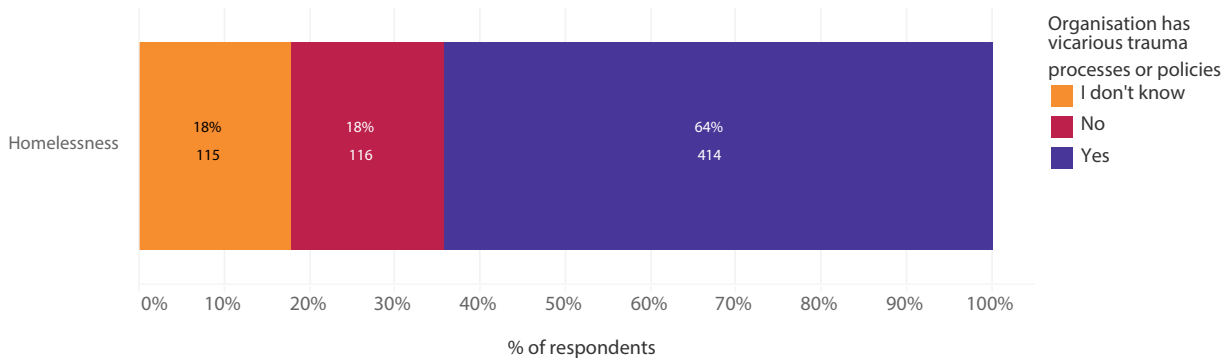
127 Segments with fewer than five survey respondents are not labelled.

128 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Organisational policies and procedures on vicarious trauma

Survey results indicate that **64.0** per cent of survey respondents who work in Homelessness Services and identify as Tier 1, 2 or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 96: Proportion of survey respondents who work in Homelessness Services whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>129</sup>

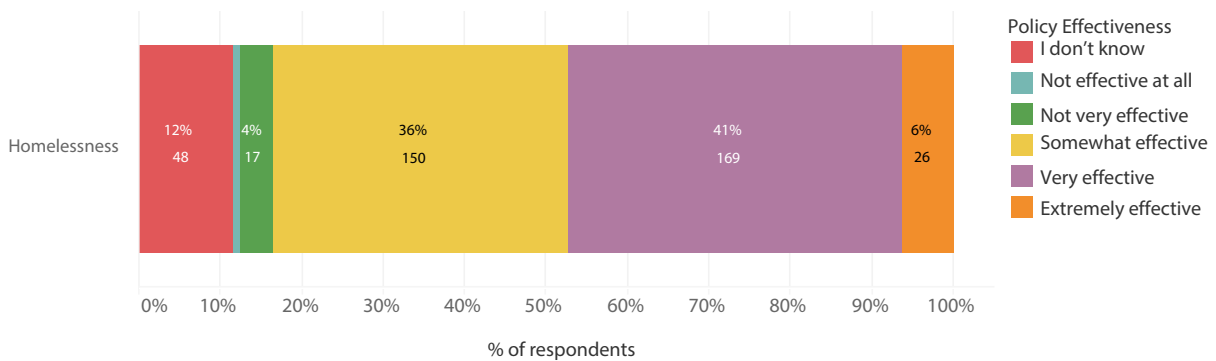


Source: KPMG analysis of employee survey data

### Effectiveness of policies and procedures

Survey results indicate that **47.0** per cent of survey respondents who work in Homelessness Services and identify as Tier 1, 2 or 3 report that the organisation processes or policies and procedures to recognise and manage vicarious trauma are 'very effective' or 'extremely effective'.

Figure 97: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in Homelessness Services (Tier 1, 2, 3)<sup>130 131</sup>



Source: KPMG analysis of employee survey data

129 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

130 Segments with fewer than five survey respondents are not labelled.

131 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

# HOSPITAL SERVICES

The number of survey respondents identifying as working in Hospital Services was **1,166**. Of these survey respondents 29, 183, 280, 674 self-selected into Tiers 1, 2, 3 and 4 respectively.

Payroll data was not collected for Hospital services employees.

## WORKFORCE PROFILE

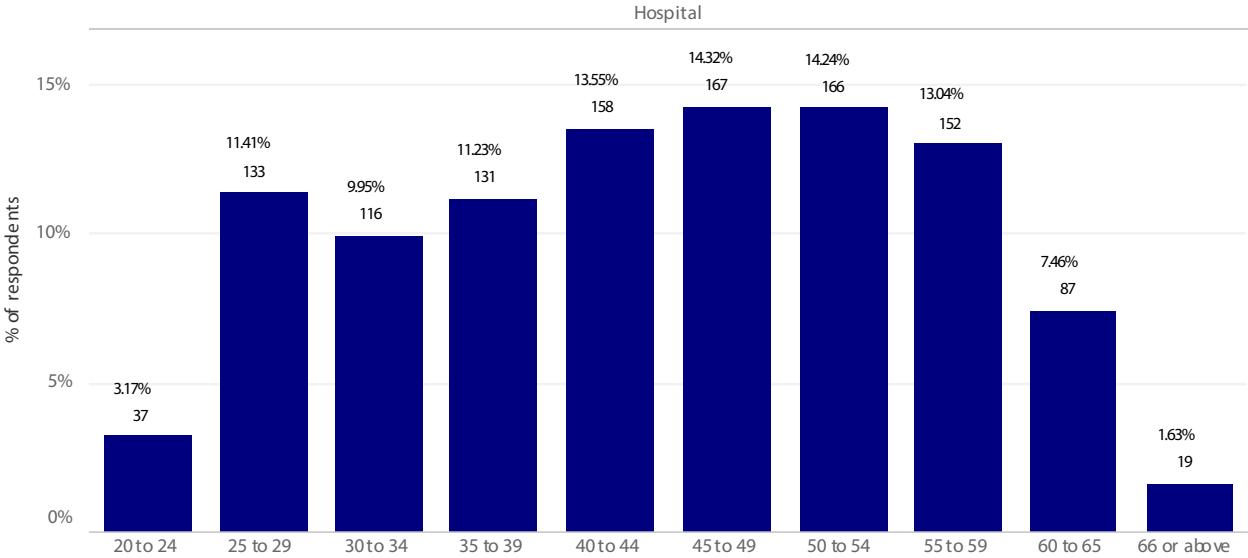
### Gender

Survey results indicate that **87.7** per cent of survey respondents who work in Hospital Services across all tiers are female and **12.3** per cent are male.

### Age

Survey results indicate that **13.6** per cent of survey respondents who work in Hospital Services across all tiers report their age as 40 to 44 years.

Figure 98: Age of survey respondents who work in Hospital Services (all tiers)

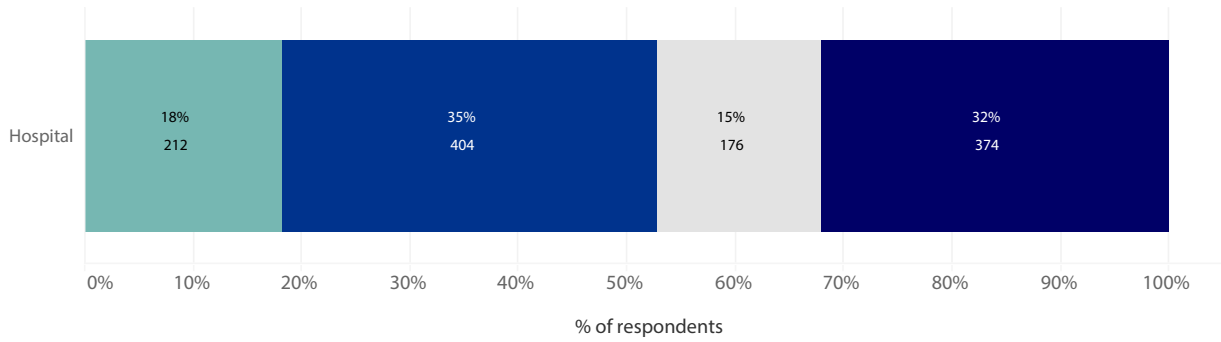


Source: KPMG analysis of employee survey data

### Qualifications

Survey results indicate that **82.0** per cent of survey respondents who work in Hospital Services report that their highest level of education is a Bachelor Degree or higher.

Figure 99: Highest level of education of survey respondents who work in Hospital Services (all tiers)



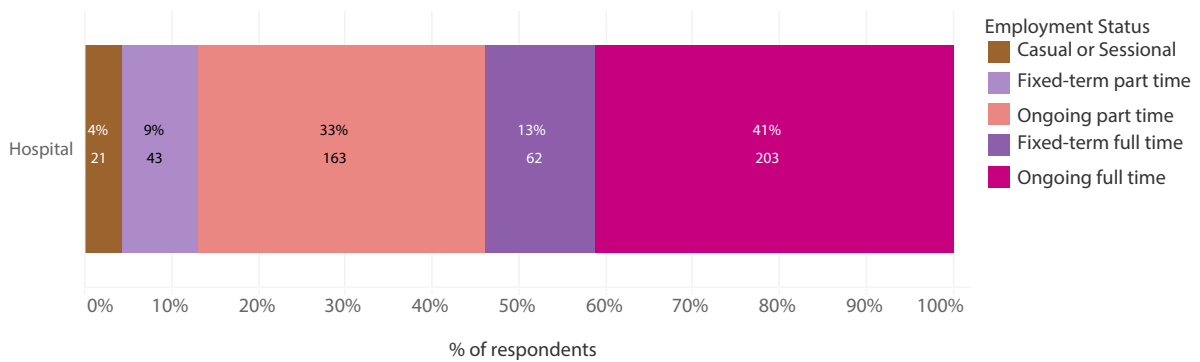
- Highest Education
- Year 11 or below, Year 12, Certificate I to IV
  - Bachelor Degree
  - Graduate Diploma or Graduate Certificate
  - Postgraduate Degree

Source: KPMG analysis of employee survey data

### Employment status

Survey results indicate that **46.0** per cent of survey respondents who work in Hospital Services report that they are employed on a part time, casual or sessional basis.

Figure 100: Employment status of survey respondents who work in Hospital Services (Tier 1, 2, 3)<sup>132 133</sup>



Source: KPMG analysis of employee survey data

132 Segments with fewer than five survey respondents are not labelled.

133 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Tenure at current organisation

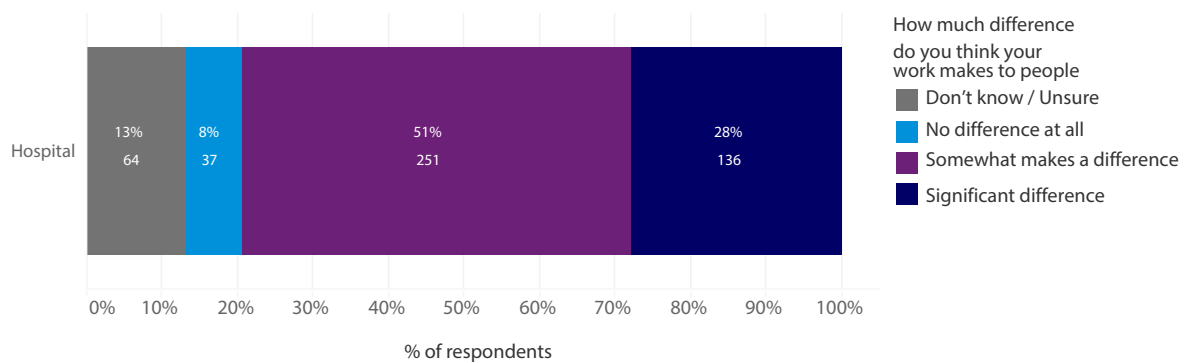
Data on tenure at current organisation is not available for Hospital services employees as the sector did not participate in the payroll data collection.

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents perceptions regarding family violence related work

Survey results indicate that **79.0** per cent of survey respondents who work in Hospital Services perceive their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 101: Perception of survey respondents who work in Hospital Services regarding the difference their work makes to people affected by family violence (all tiers)<sup>134</sup>



Source: KPMG analysis of employee survey data

### Proportion of workforce that has undertaken family violence/primary prevention training

Survey results indicate that **57.3** per cent of survey respondents who work in Hospital Services across all tiers have received formal and/or informal training on family violence or primary prevention.

### Proportion of workforce who do not consider they require family violence training

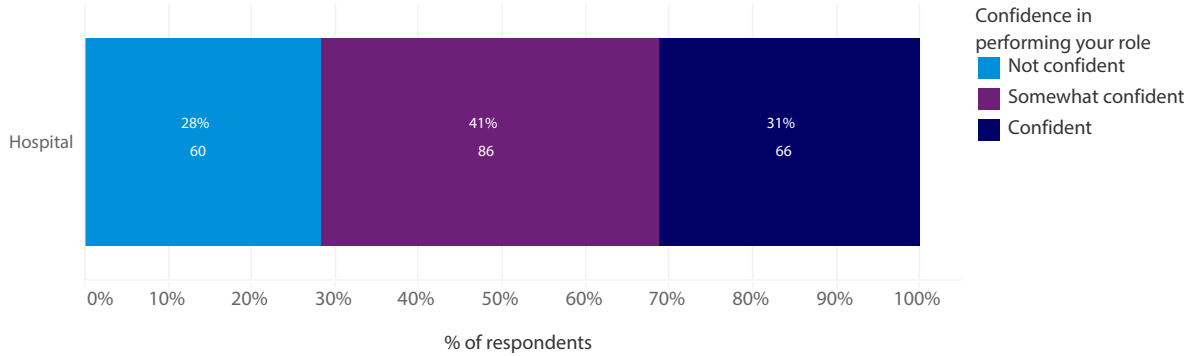
Survey results indicate that **68.4** per cent of survey respondents who work in Hospital Services across all tiers consider that they do not require family violence or primary prevention training to perform their role.

### Confidence in having enough experience and training to perform role effectively

Survey results indicate that **31.0** per cent of survey respondents who work in Hospital Services and identify in Tier 1 or 2 are confident that they have had sufficient training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

134 Segments with less than four per cent survey respondents are not labelled

Figure 102: Confidence of survey respondents who work in Hospital Services in having enough experience and training to effectively perform role (Tier 1 and 2 only)<sup>135</sup>

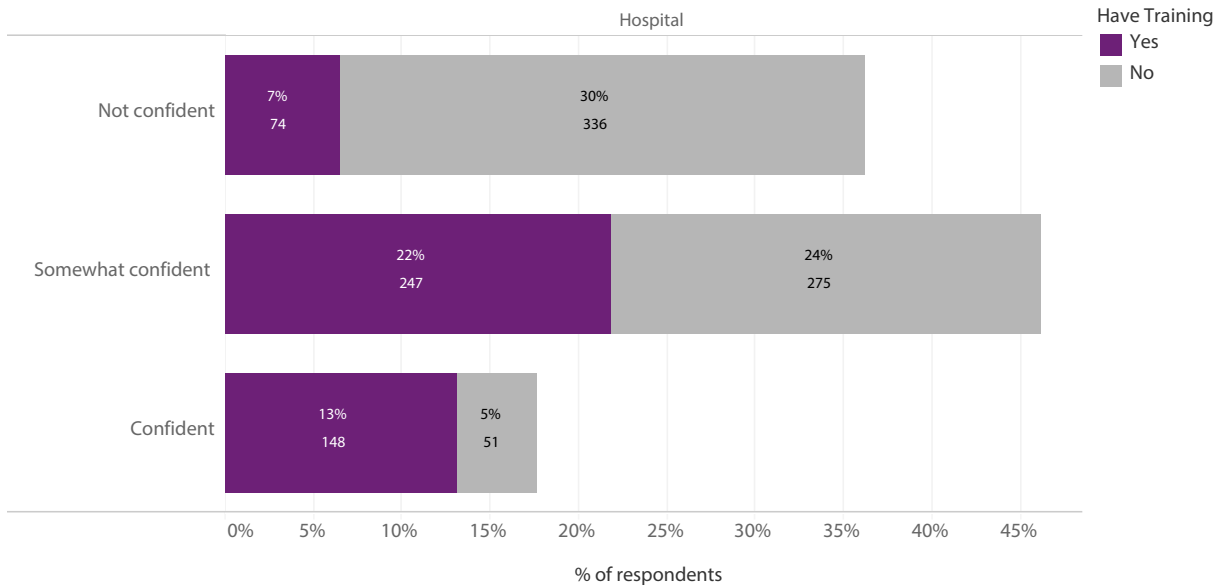


Source: KPMG analysis of employee survey data

### Confidence in identifying those who are experiencing family violence

Survey results indicate that **18.0** per cent of survey respondents who work in Hospital Services and identify as Tier 2, 3 or 4 report that they are confident in identifying those who are experiencing family violence. Of these, the majority have received family violence training.

Figure 103: Confidence of survey respondents who work in Hospital Services in identifying family violence (Tier 2, 3, 4)<sup>136</sup>



Source: KPMG analysis of employee survey data

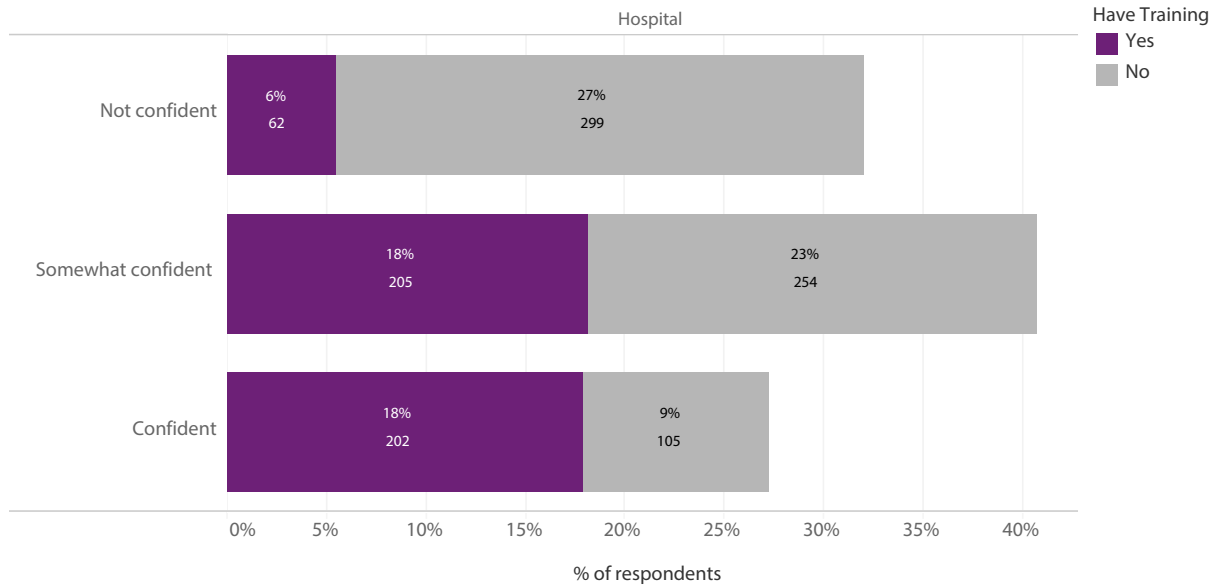
135 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

136 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in responding to a disclosure of family violence

Survey results indicate that **27.0** per cent of survey respondents who work in Hospital Services and identify as Tier 2, 3 or 4 report that they are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

Figure 104: Confidence of survey respondents who work in Hospital Services in responding to family violence by training status (Tier 2, 3, 4)<sup>137</sup>

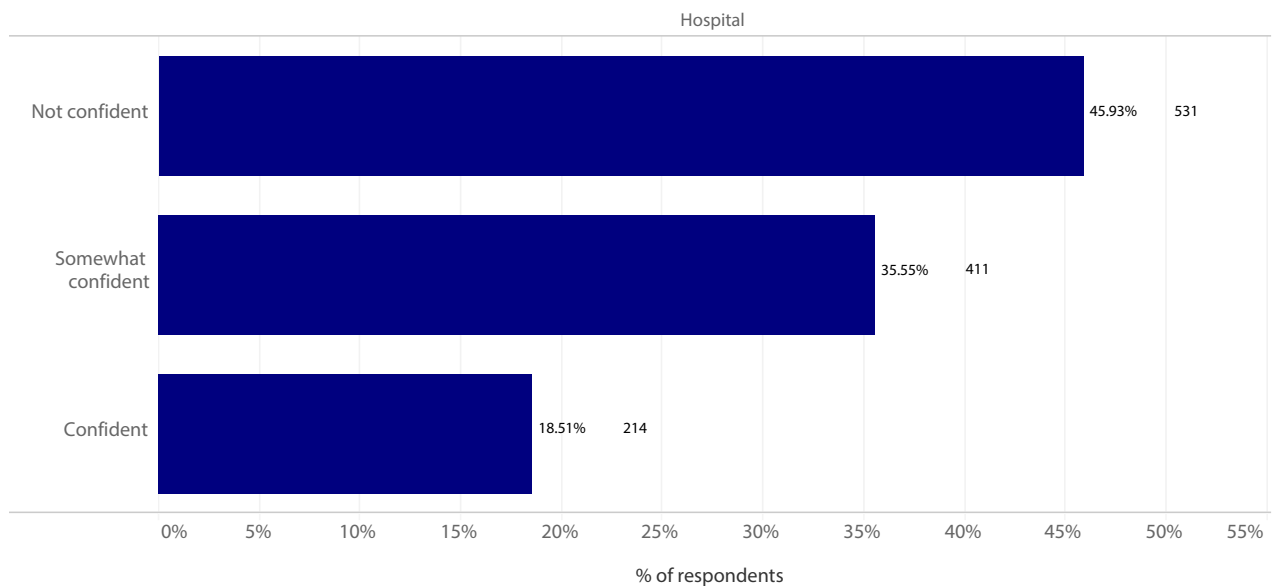


Source: KPMG analysis of employee survey data

### Confidence in managing the needs of children affected by family violence

Survey results indicate that **18.5** per cent of survey respondents who work in Hospital Services report that they are confident in managing the needs of children affected by family violence.

Figure 105: Confidence of survey respondents who work in Hospital Services in managing the needs of children affected by family violence (all tiers)



Source: KPMG analysis of employee survey data

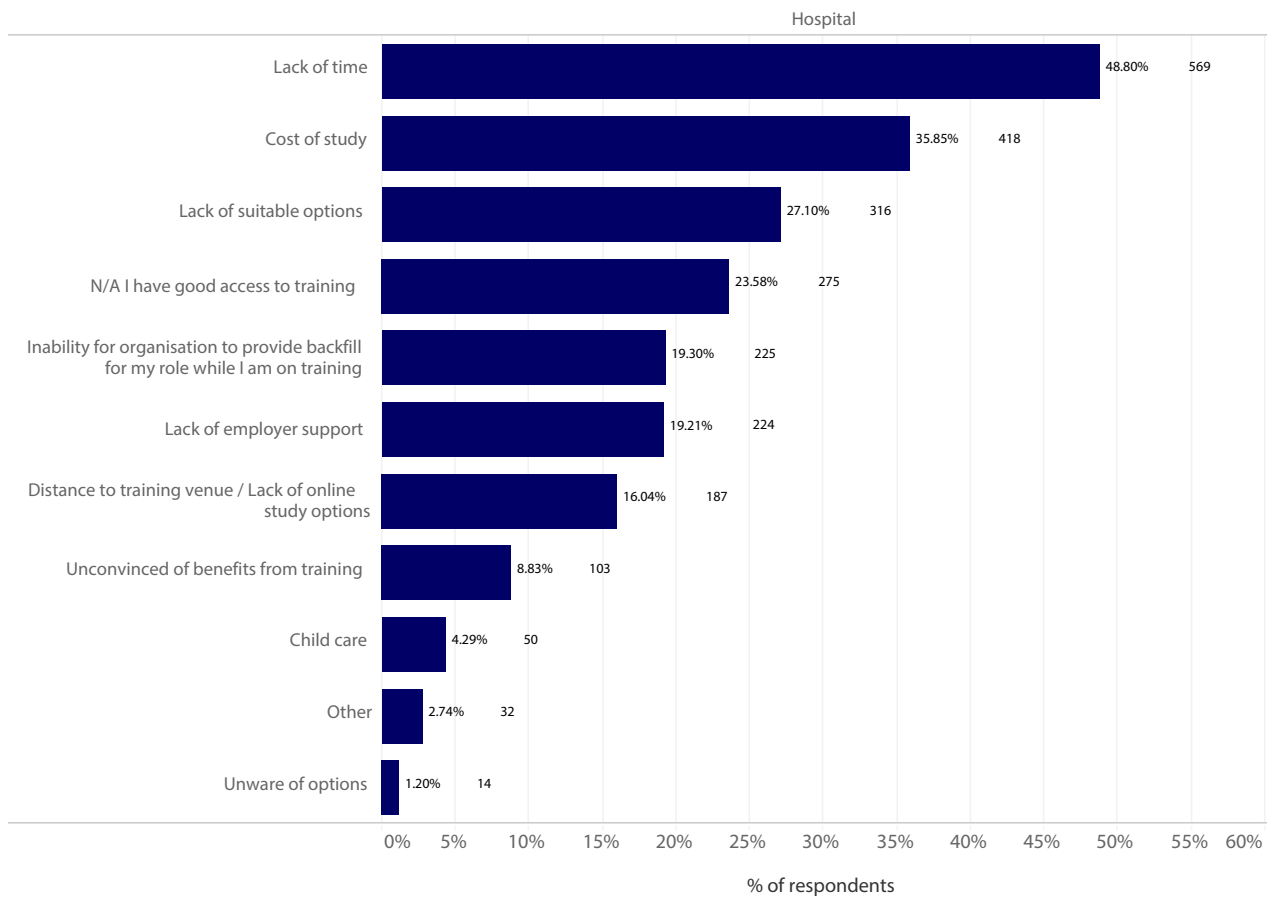
<sup>137</sup> This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.



### Barriers to training

Survey results indicate that **48.8** per cent of survey respondents who work in Hospital Services across all tiers cite lack of time as a barrier to accessing training.

Figure 106: Barriers to training cited by survey respondents who work in Hospital Services (all tiers)



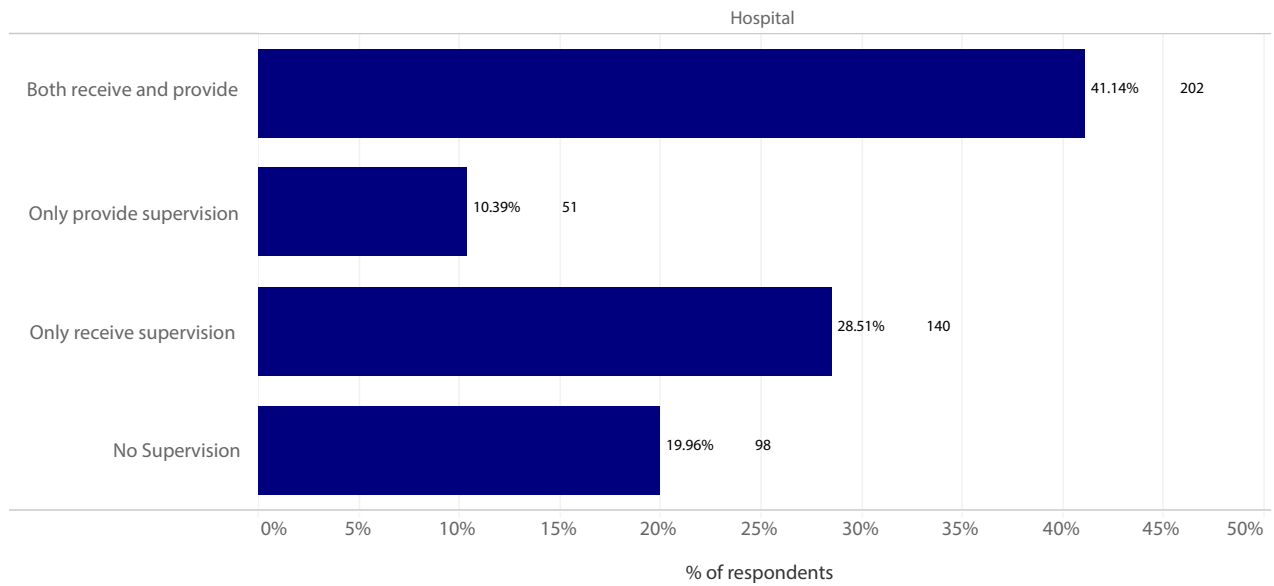
Source: KPMG analysis of employee survey data

## HEALTH AND WELLBEING

### Proportion who receive clinical supervision

Survey results indicate that **20.0** per cent of survey respondents who work in Hospital Services and identify as Tier 1, 2 or 3 report that they do not receive any supervision in their role.

Figure 107: Supervision receipt and provision by survey respondents who work in Hospital Services (Tier 1, 2, 3)<sup>138</sup>

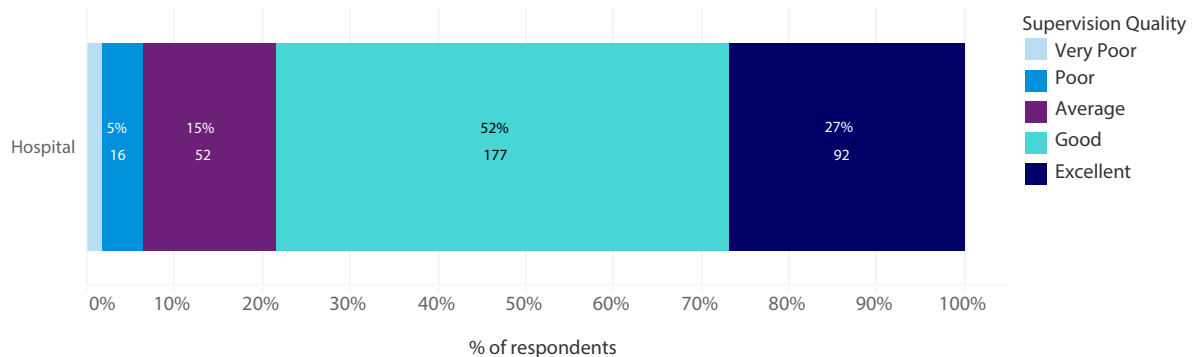


Source: KPMG analysis of employee survey data

### Satisfaction with clinical supervision

Survey results indicate that **27.0** per cent of survey respondents who work in Hospital Services and identify as Tier 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 108: Quality of supervision received by survey respondents who work in Hospital Services (Tier 1, 2, 3)<sup>139 140</sup>



Source: KPMG analysis of employee survey data

138 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

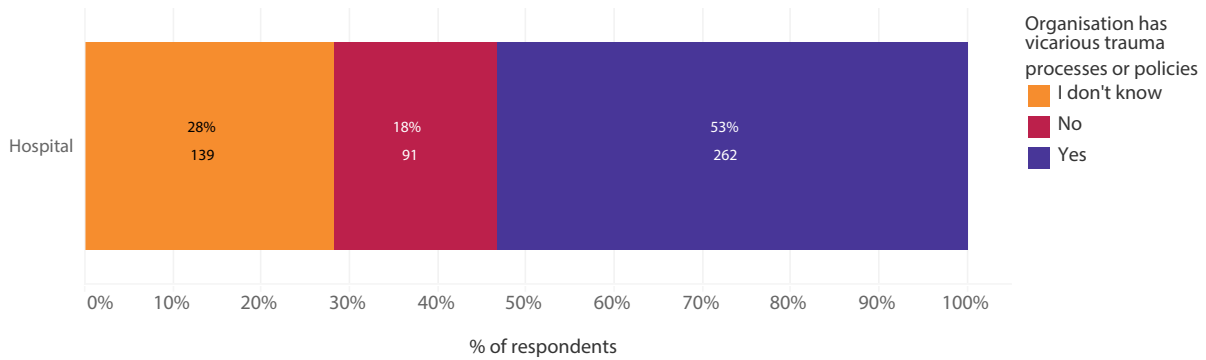
139 Segments with fewer than five survey respondents are not labelled.

140 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Organisational policies and procedures on vicarious trauma

Survey results indicate that **53.0** per cent of survey respondents who work in a Hospital Services and identify as Tier 1, 2 or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 109: Proportion of survey respondents who work in Hospital Services whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>141</sup>

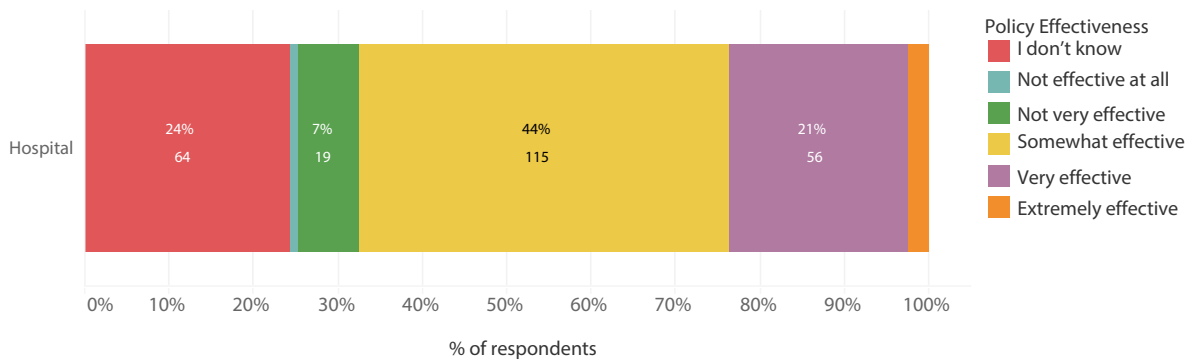


Source: KPMG analysis of employee survey data

### Effectiveness of policies and procedures

Survey results indicate that more than **21.0** per cent of survey respondents who work in Hospital Services and identify as Tier 1, 2 or 3 report that their organisation's processes or policies and procedures to recognise and manage vicarious trauma are 'very effective' or 'extremely effective'.

Figure 110: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in hospitals (Tier 1, 2, 3)<sup>142,143</sup>



Source: KPMG analysis of employee survey data

141 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

142 Segments with fewer than five survey respondents are not labelled.

143 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

# PARENTING SERVICES

The number of survey respondents identifying as working in Parenting Services was **272**. Of these survey respondents 42, 114, 66, 50 self-selected into Tiers 1, 2, 3 and 4 respectively.

Payroll data was not collected for Parenting Services employees.

## WORKFORCE PROFILE

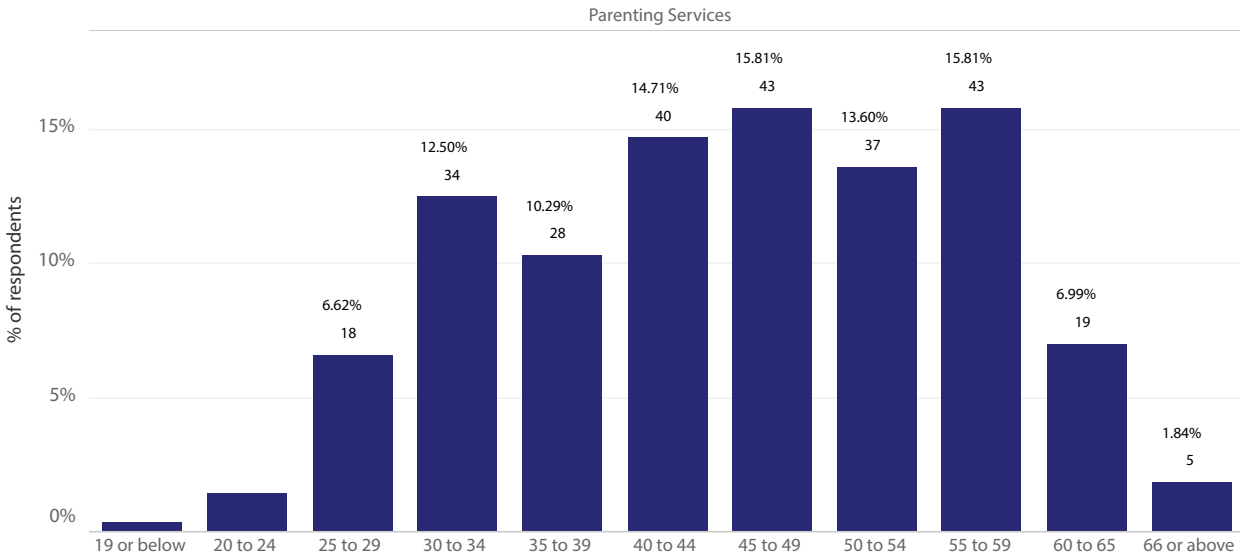
### Gender

Survey results indicate that **82.8** per cent of survey respondents who work in Parenting Services across all tiers are female, and **17.2** per cent are male.

### Age

Survey results indicate that **38.2** per cent of survey respondents who work in Parenting Services across all tiers report their age as over 50 years.

Figure 111: Age of survey respondents who work in Parenting Services (all tiers)<sup>144</sup>



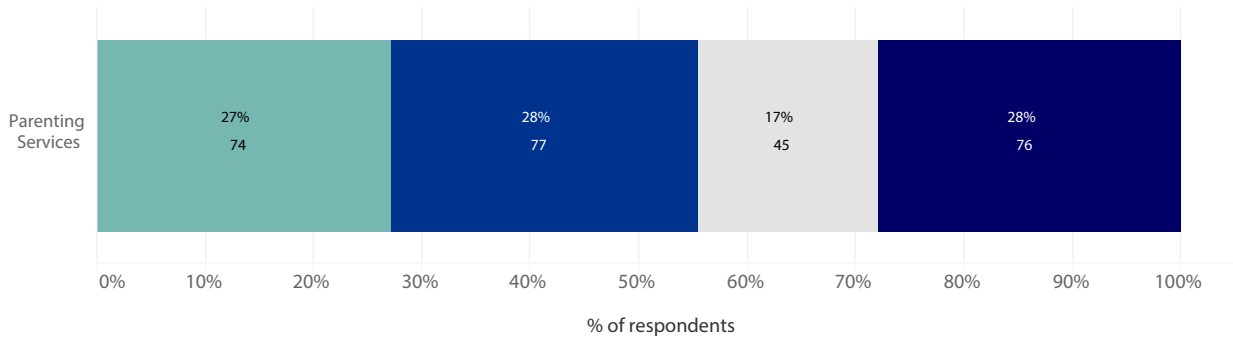
Source: KPMG analysis of employee survey data

144 Segments with fewer than five survey respondents are not labelled.

### Qualifications

Survey results indicate that **73.0** per cent of survey respondents who work in Parenting Services across all tiers report that their highest level of education is a Bachelor Degree or higher.

Figure 112: Highest level of education of survey respondents who work in Parenting Services (all tiers)



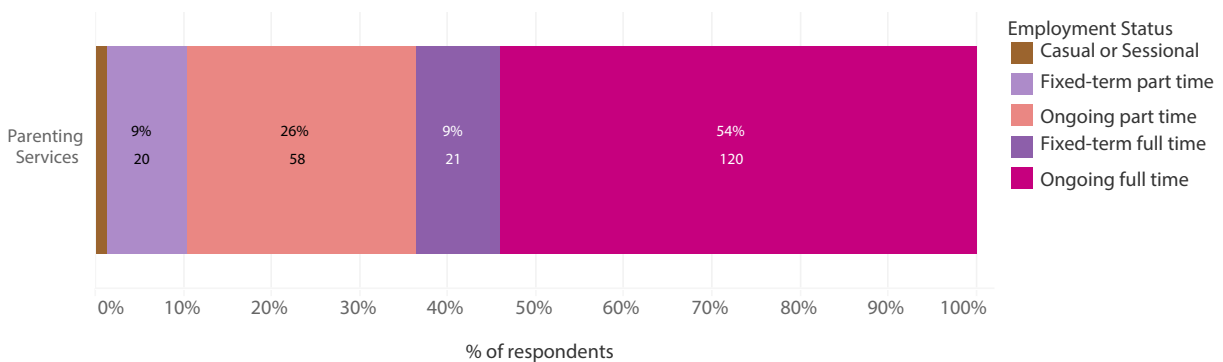
- Highest Education
- Year 11 or below, Year 12, Certificate I to IV
  - Bachelor Degree
  - Graduate Diploma or Graduate Certificate
  - Postgraduate Degree

Source: KPMG analysis of employee survey data

### Employment status

Survey results indicate that over **35.0** per cent of survey respondents who work in the Parenting Services and identify as Tier 1, 2 or 3 report that they are employed on a part time, casual or sessional basis.

Figure 113: Employment status of survey respondents who work in Parenting Services (Tier 1, 2, 3)<sup>145 146</sup>



Source: KPMG analysis of employee survey data

145 Segments with fewer than five survey respondents are not labelled.

146 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Tenure at current organisation

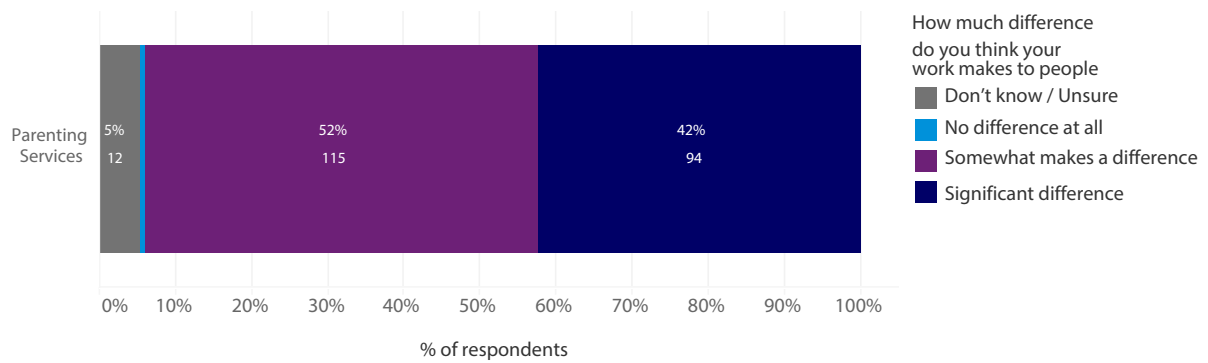
Data on tenure at current organisation is not available for Parenting Services employees as the sector did not participate in the payroll data collection.

## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents' perceptions regarding family violence related work

Survey results indicate that **94.0** per cent of survey respondents who work in the Parenting Services across all tiers perceive their work 'somewhat makes a difference' and makes a 'significant difference' to people affected by family violence.

Figure 114: Perception of survey respondents who work in Parenting Services regarding the difference their work makes to people affected by family violence (all tiers)<sup>147</sup>



Source: KPMG analysis of employee survey data

147 Segments with fewer than five survey respondents are not labelled.

**Proportion of workforce that has undertaken family violence/primary prevention training**

Survey results indicate that **82.4** per cent of survey respondents who work in Parenting Services across all tiers have received formal and/or informal training on family violence or primary prevention.

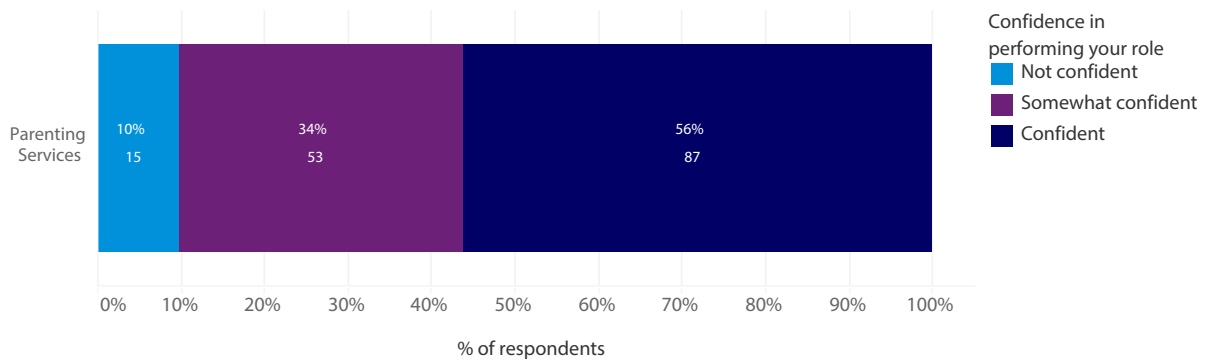
**Proportion of workforce who do not consider they require family violence training**

Survey results indicate that **55.9** per cent of survey respondents who work in Parenting Services across all tiers consider that they do not require family violence or primary prevention training to perform their role.

**Confidence in having enough experience and training to perform role effectively**

Survey results indicate that **56.0** per cent of survey respondents who work in Parenting Services and identify as Tier 1 or 2 report that they are confident that they have had sufficient training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

Figure 115: Confidence of survey respondents who work in Parenting Services in having enough experience and training to effectively perform role (Tier 1 and 2 only)<sup>148</sup>



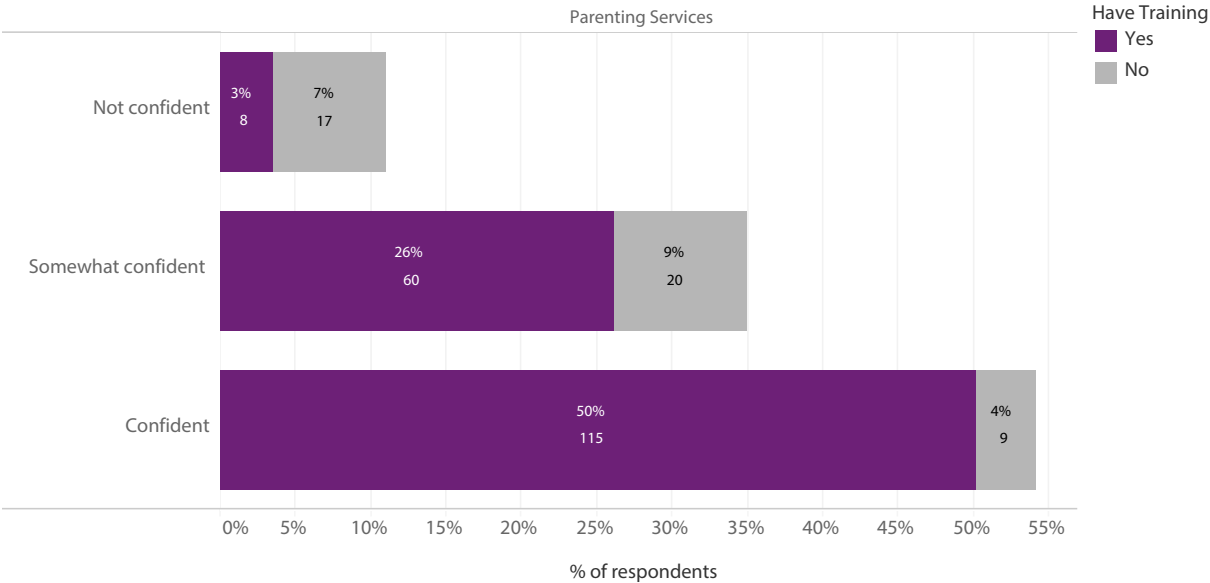
Source: KPMG analysis of employee survey data

148 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in identifying those who are experiencing family violence**

Survey results indicate that **54.0** per cent of survey respondents who work in Parenting Services and identify as Tier 2, 3 or 4 report that they are confident in identifying those who are experiencing family violence. Of these, the majority have received family violence training.

**Figure 116: Confidence of survey respondents who work in Parenting Services in identifying family violence (Tier 2, 3, 4)<sup>149</sup>**



Source: KPMG analysis of employee survey data

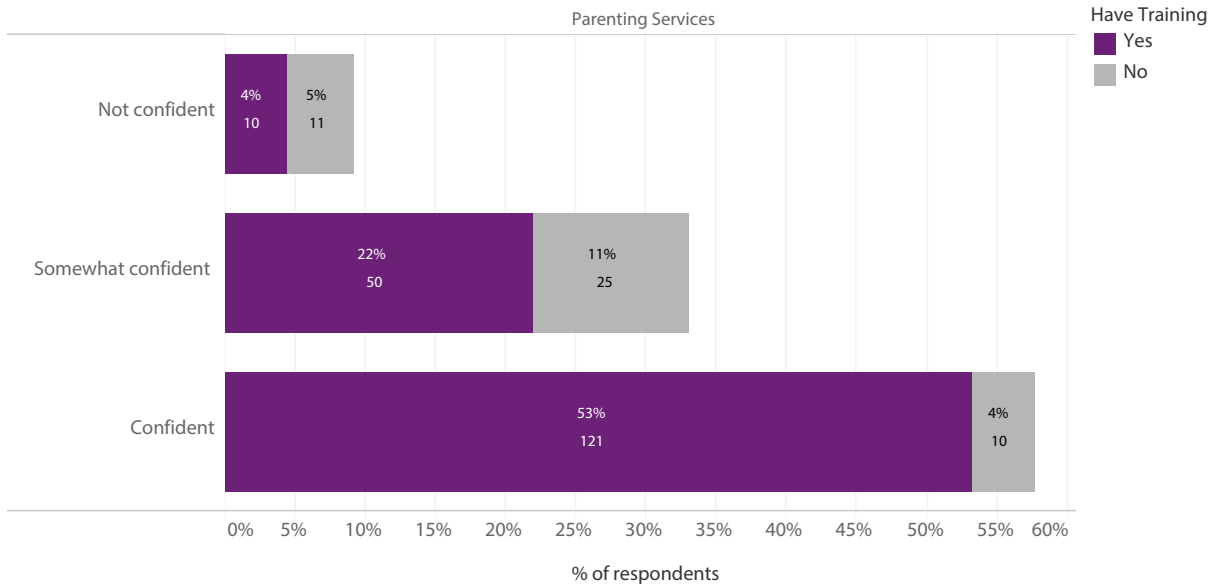
149 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.



**Confidence in responding to a disclosure of family violence**

Survey results indicate that **57.0** per cent of survey respondents who work in Parenting Services and identify as Tier 2, 3 or 4 report that they are confident in responding to a disclosure of family violence. Of these, the majority have received family violence training.

**Figure 117: Confidence of survey respondents who work in Parenting Services in responding to family violence by training status (Tier 2, 3, 4)<sup>150</sup>**



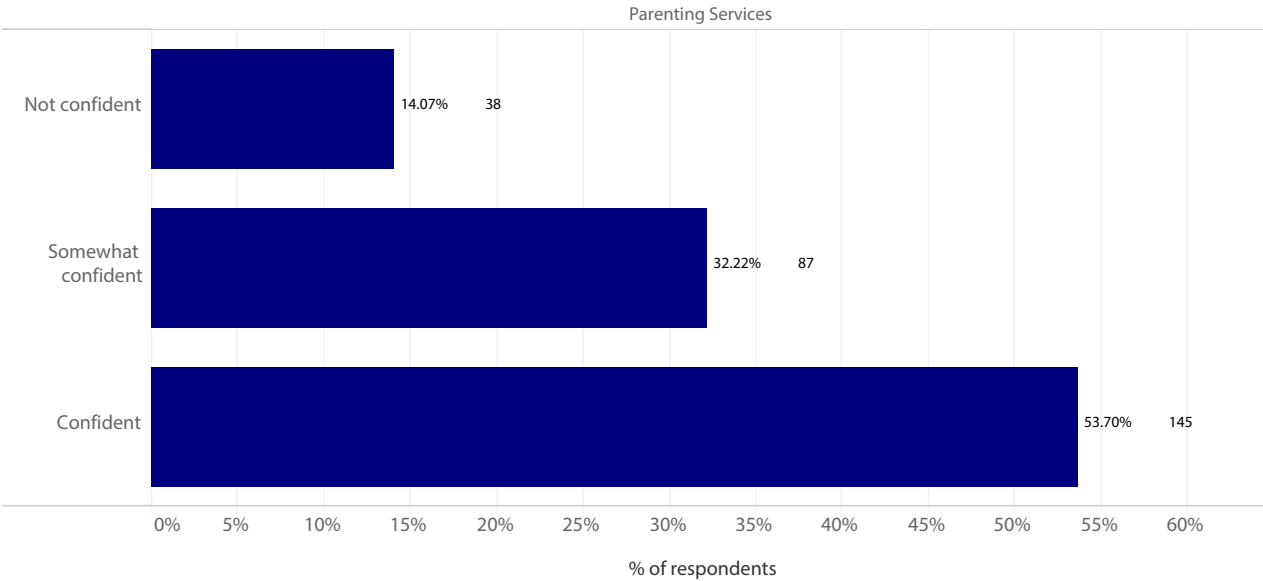
Source: KPMG analysis of employee survey data

150 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Confidence in managing the needs of children affected by family violence**

Survey results indicate that **53.7** per cent of survey respondents who work in Parenting Services across all tiers report that they are confident in managing the needs of children affected by family violence.

**Figure 118: Confidence of survey respondents who work in Parenting Services in managing the needs of children affected by family violence (all tiers)**

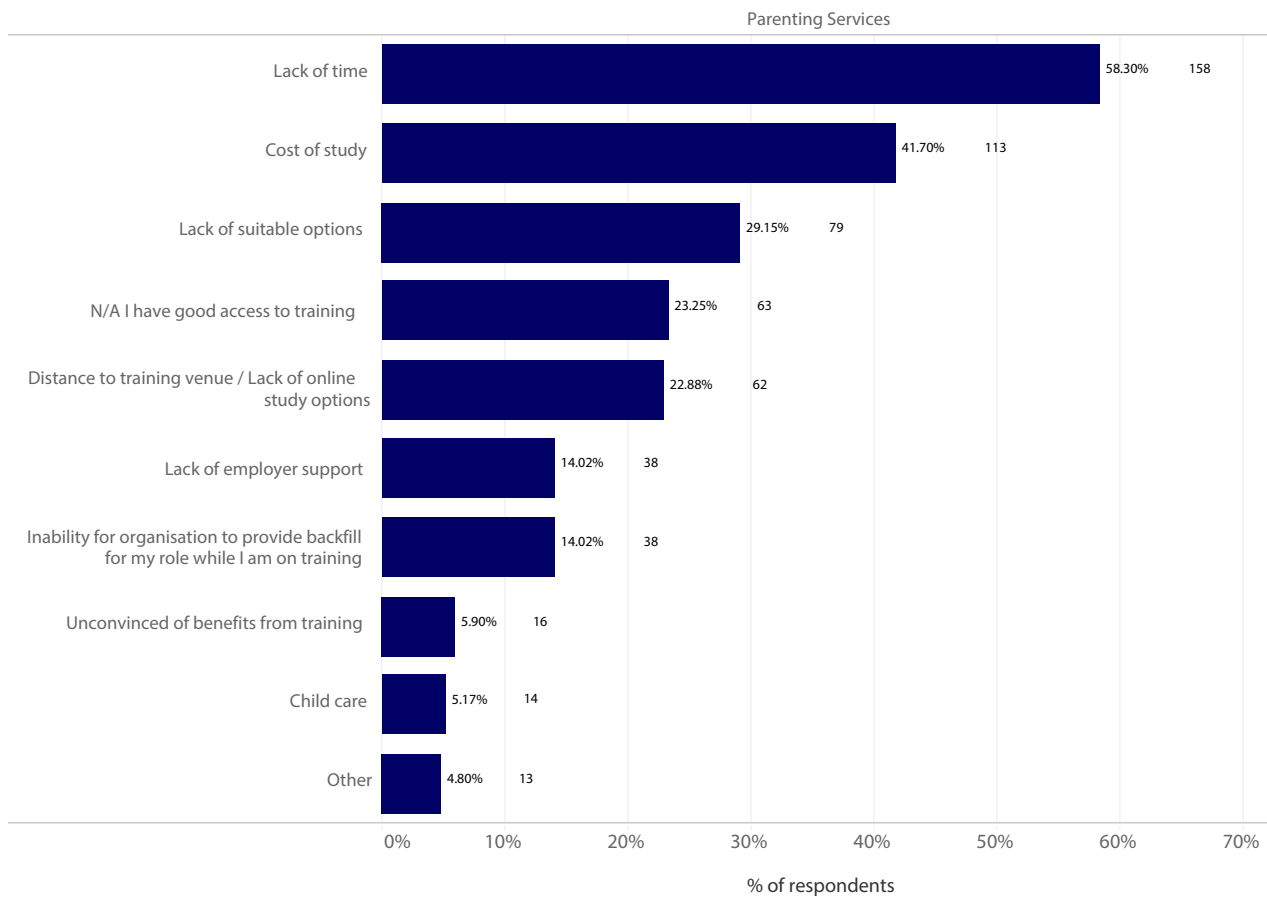


Source: KPMG analysis of employee survey data

### Barriers to training

Survey results indicate that **58.3** per cent of survey respondents who work in Parenting Services across all tiers cite lack of time as a barrier to accessing training.

Figure 119: Barriers to accessing training cited by survey respondents who work in Parenting Services (all tiers)<sup>151</sup>



Source: KPMG analysis of employee survey data

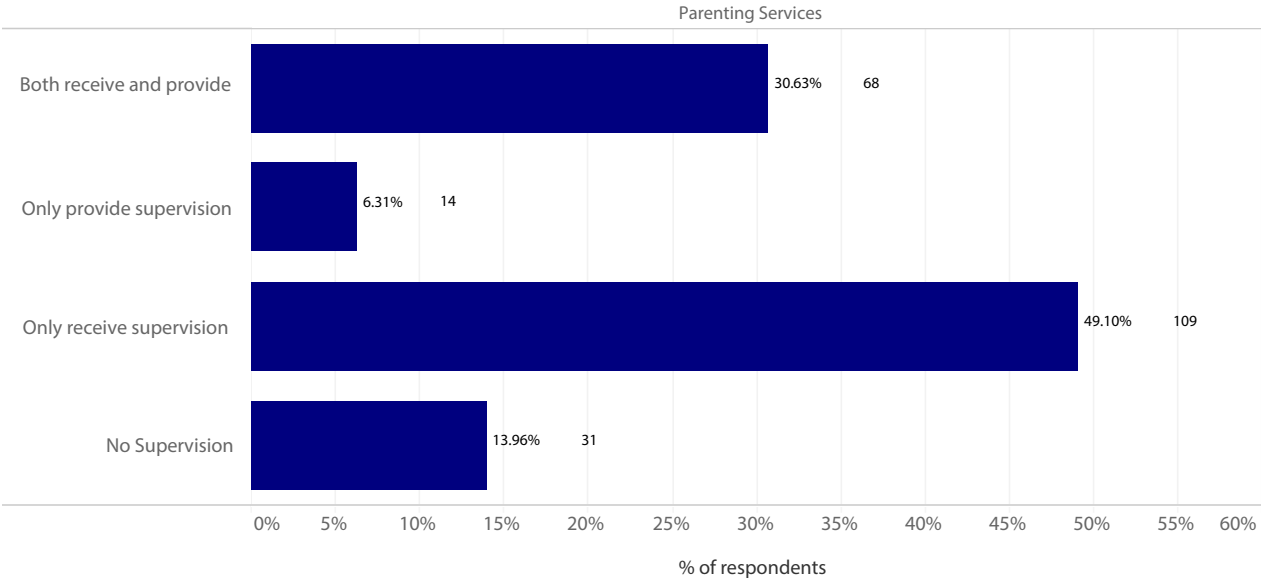
151 272 unique survey respondents answered this question. Respondents could provide multiple answers.

**HEALTH AND WELLBEING**

**Proportion who receive clinical supervision**

Survey results indicate that **14.0** per cent of survey respondents who work in Parenting Services and identify as Tier 1, 2 or 3 report that they do not receive any supervision in their role.

Figure 120: Supervision receipt and provision by survey respondents who work in Parenting Services (Tier 1, 2, 3)<sup>152</sup>



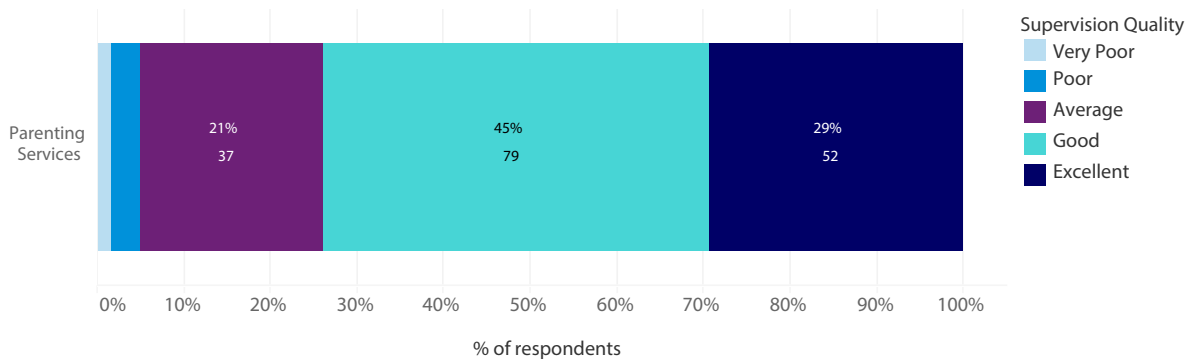
Source: KPMG analysis of employee survey data

152 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Satisfaction with clinical supervision

Survey results indicate that **29.0** per cent of survey respondents who work in Parenting Services and identify as Tier 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 121: Quality of supervision received by survey respondents who work in Parenting Services (Tier 1, 2, 3)<sup>153 154</sup>

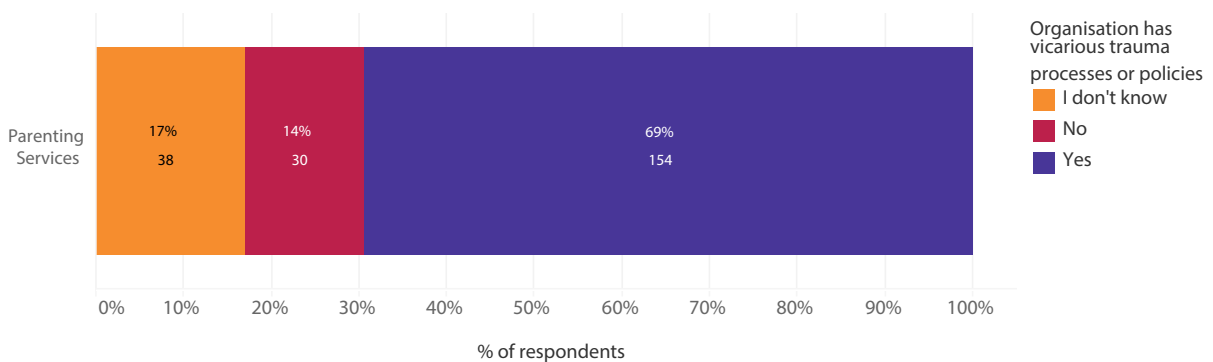


Source: KPMG analysis of employee survey data

### Organisational policies and procedures on vicarious trauma

Survey results indicate that **69.0** per cent of survey respondents who work in Parenting Services and identify as Tier 1, 2, or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 122: Proportion of survey respondents who work in Parenting Services whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>155</sup>



Source: KPMG analysis of employee survey data

153 Segments with fewer than five survey respondents are not labelled.

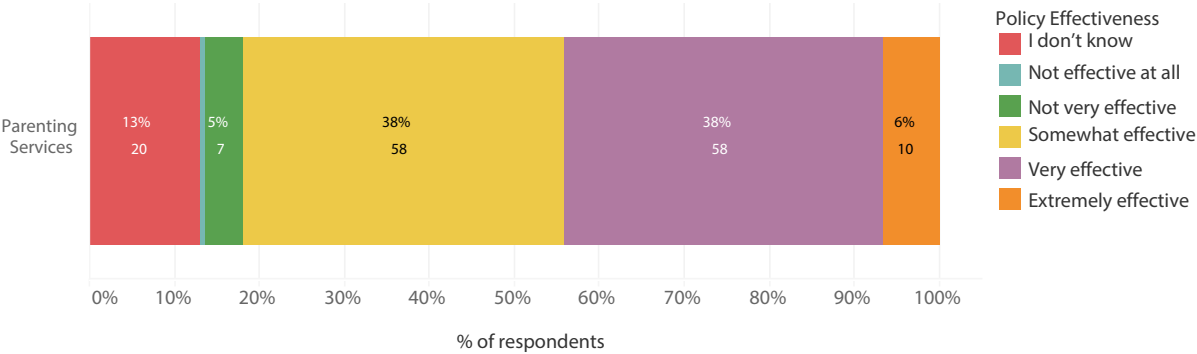
154 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

155 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

**Effectiveness of policies and procedures**

Survey results indicate that **44.0** per cent of survey respondents who work in Parenting Services and identify as Tier 1, 2 or 3 report that their organisation’s processes or policies and procedures to recognise and manage vicarious trauma are ‘very effective’ or ‘extremely effective’.

**Figure 123: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in Parenting Services (Tier 1, 2, 3)<sup>156 157</sup>**



Source: KPMG analysis of employee survey data

156 Segments with fewer than five survey respondents are not labelled.  
 157 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

# SCHOOL EDUCATION

The number of survey respondents identifying as working in School Education was **703**. Of these survey respondents 8, 60, 62, 573 self-selected into Tiers 1, 2, 3 and 4 respectively.

Payroll data was not collected for School Education employees.

## WORKFORCE PROFILE

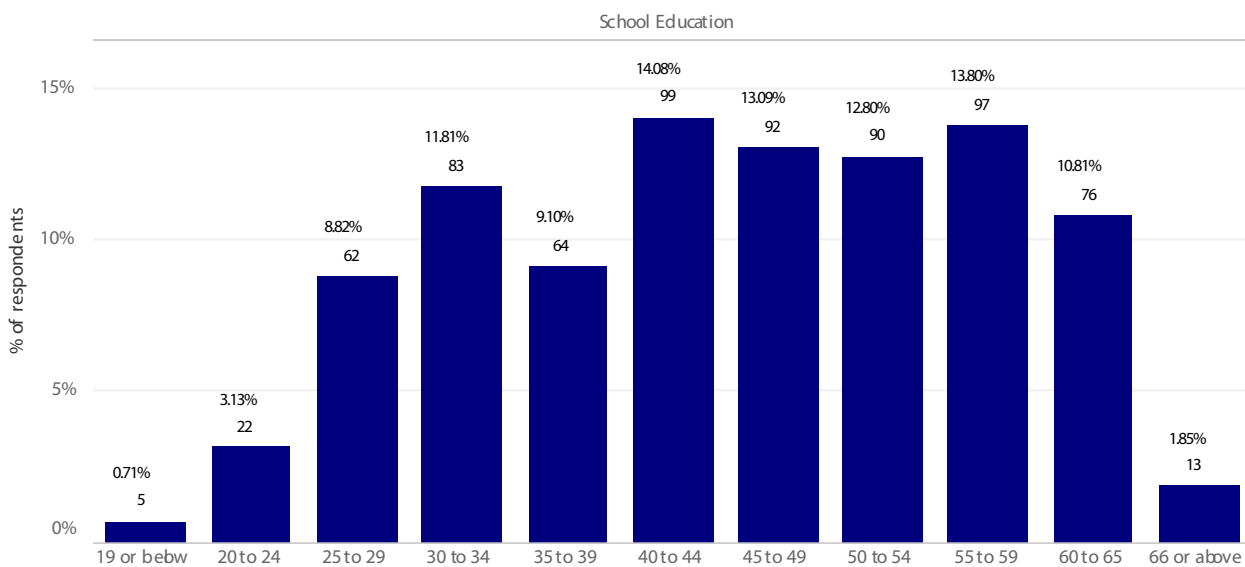
### Gender

Survey results indicate that **83.1** per cent of survey respondents who work in School Education across all tiers are female and **16.9** per cent are male.

### Age

Survey results indicate that **39.3** per cent of survey respondents who work in School Education across all tiers are over 50 years of age.

Figure 124: Age of survey respondents who work in School Education (all tiers)

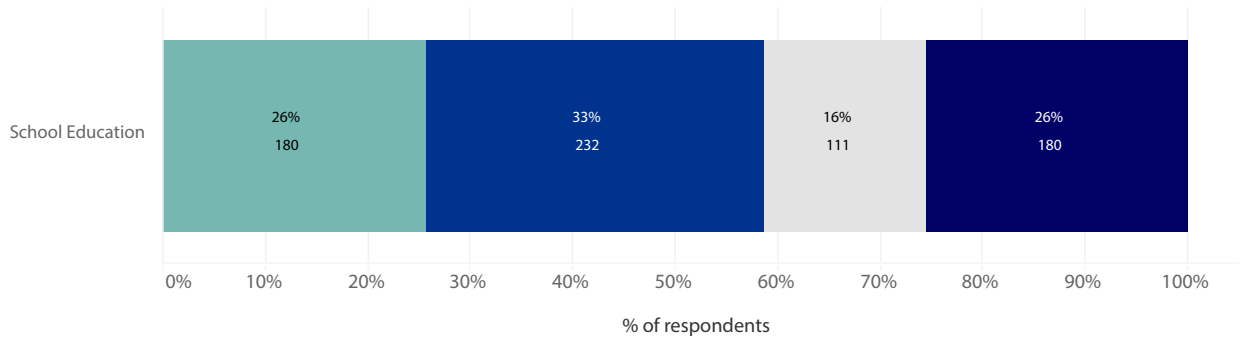


Source: KPMG analysis of employee survey data

### Qualifications

Survey results indicate that **75.0** per cent of survey respondents who work in School Education across all tiers report that their highest level of education is a Bachelor Degree or higher.

Figure 125: Highest level of education of survey respondents who work in School Education (all tiers)



#### Highest Education

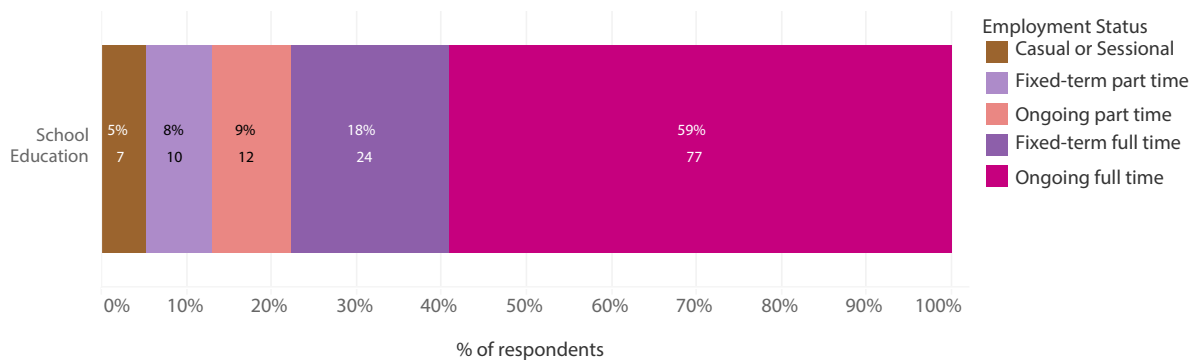
- Year 11 or below, Year 12, Certificate I to IV
- Bachelor Degree
- Graduate Diploma or Graduate Certificate
- Postgraduate Degree

Source: KPMG analysis of employee survey data

### Employment status

Survey results indicate that **22.0** per cent of survey respondents who work in School Education and identify as Tier 1, 2 or 3 report that they are employed on a part-time, casual or seasonal basis.

Figure 126: Employment status of survey respondents who work in School Education (Tier 1, 2, 3)<sup>158</sup>



Source: KPMG analysis of employee survey data

### Tenure at current organisation

Data on tenure at current organisation is not available for School Education employees as the sector did not participate in the payroll data collection.

<sup>158</sup> This question was not asked of all tiers and therefore population size related to the question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

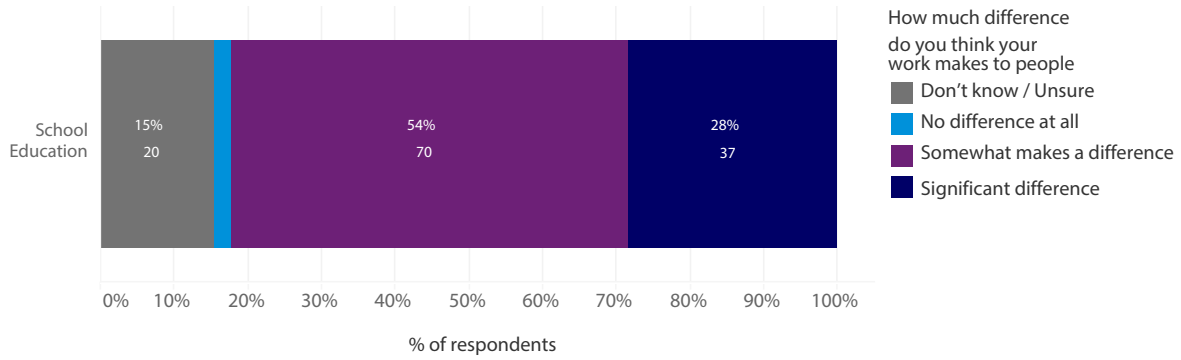


## CAPABILITY AND CONFIDENCE IN RELATION TO FAMILY VIOLENCE

### Survey respondents' perceptions regarding family violence related work

Survey results indicate that **82.0** per cent of survey respondents who work in School Education across all tiers report that they perceive their work 'somewhat makes a difference' or makes a 'significant difference' to people affected by family violence.

Figure 127: Perception of survey respondents who work in School Education regarding the difference their work makes to people affected by family violence (all tiers)<sup>159,160</sup>



Source: KPMG analysis of employee survey data

### Proportion of workforce that has undertaken family violence/primary prevention training

Survey results indicate that **33.1** per cent of survey respondents who work in School Education across all tiers have received formal and/or informal training on family violence or primary prevention.

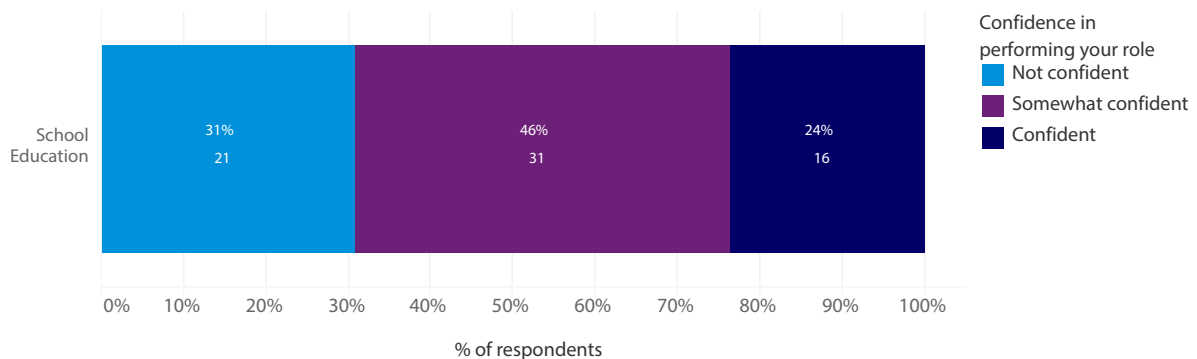
### Proportion of workforce who do not consider they require family violence training

Survey results indicate that **74.9** per cent of survey respondents who work in School Education across all tiers consider that they do not require family violence or primary prevention training to perform their role.

### Confidence in having enough experience and training to perform role effectively

Survey results indicate that **24.0** per cent of survey respondents who work in School Education and identify as Tier 1 or 2 are confident that they have had enough training and experience to perform their role effectively, with regards to family violence and/or primary prevention.

Figure 128: Confidence of survey respondents who work in School Education in having enough experience and training to effectively perform role (Tier 1 and 2 only)<sup>161</sup>



Source: KPMG analysis of employee survey data

159 Segments with fewer than five respondents are not labelled.

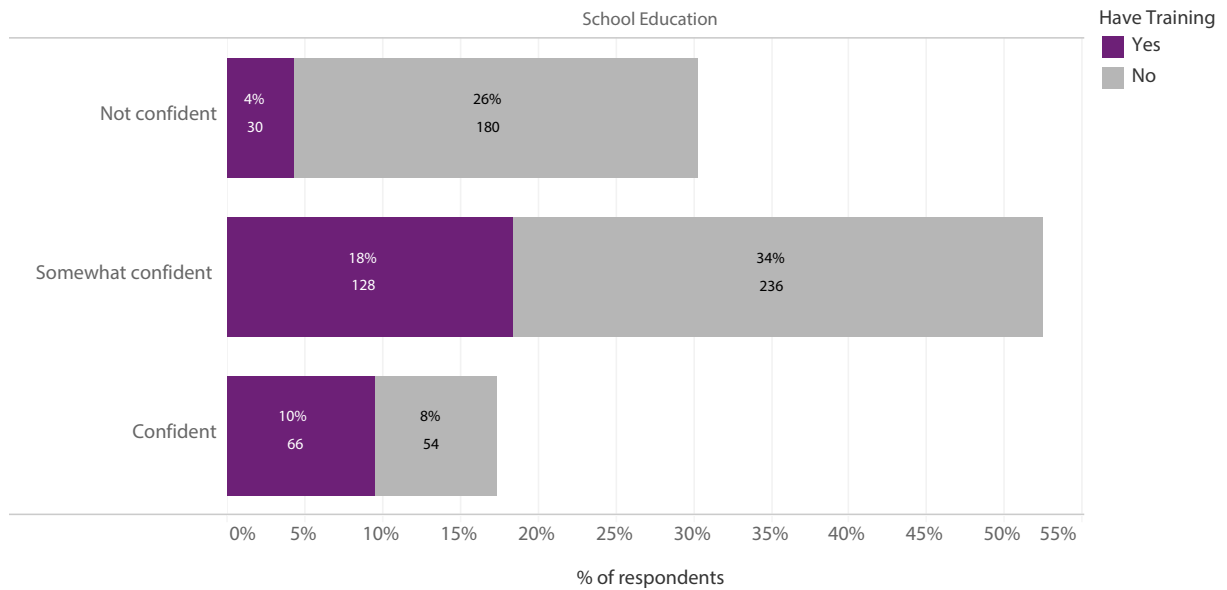
160 Confidence levels are unavailable as the service doesn't have sufficient sample size, but results are provided for insight purposes.

161 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in identifying those who are experiencing family violence

Survey results indicate that **18.0** per cent of survey respondents who work in School Education and identify as Tier 2, 3 or 4 report that they are confident in identifying those who are experiencing family violence. Of these, the majority have received family violence training.

Figure 129: Confidence of survey respondents who work in School Education in identifying family violence (Tier 2, 3, 4)<sup>162</sup>

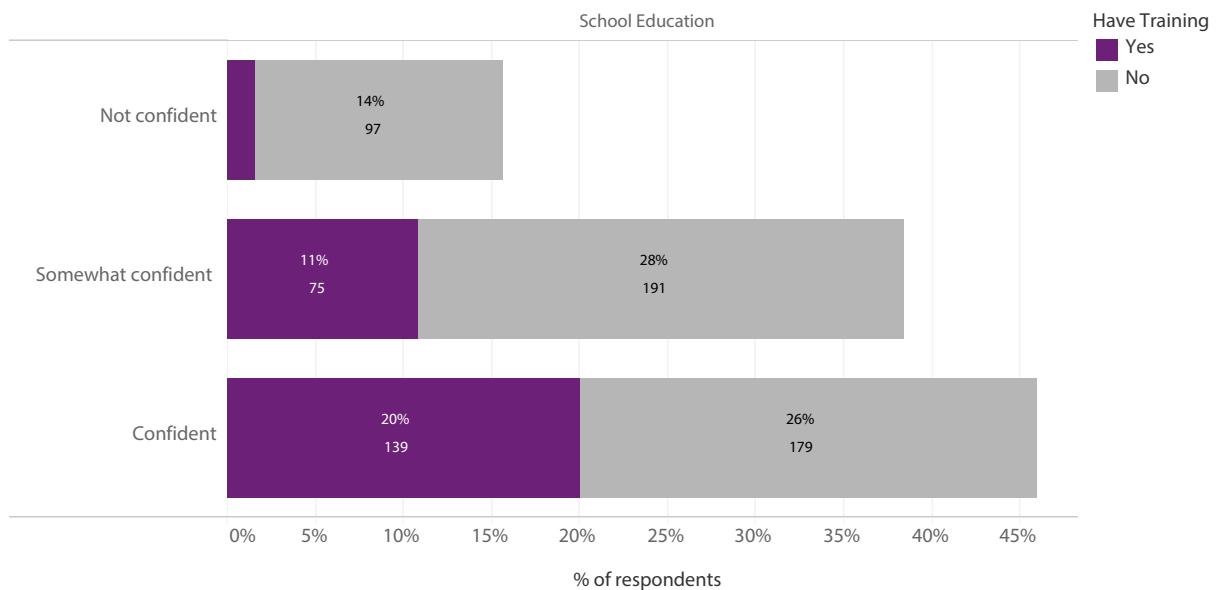


Source: KPMG analysis of employee survey data

### Confidence in responding to a disclosure of family violence

Survey results indicate that **46.0** per cent of survey respondents who work in School Education and identify as Tier 2, 3 or 4 report that they are confident in responding to a disclosure of family violence. Of these, the majority have not received family violence training.

Figure 130: Confidence of survey respondents who work in School Education in responding to family violence by training status (Tier 2, 3, 4)<sup>163</sup>



Source: KPMG analysis of employee survey data

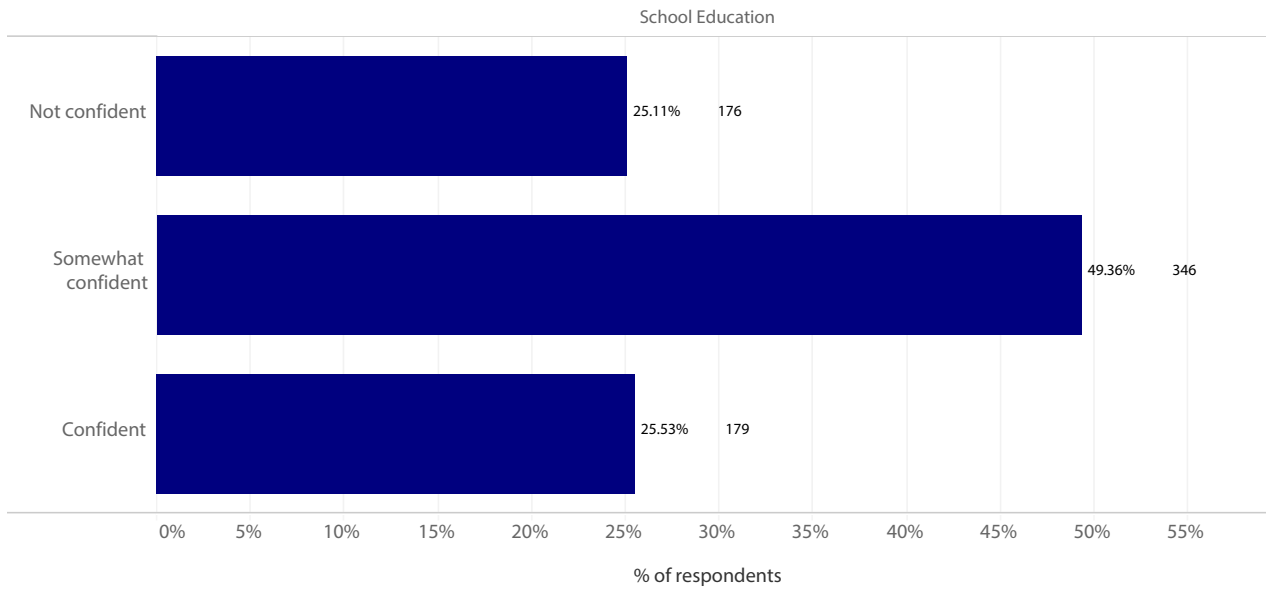
162 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

163 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Confidence in managing the needs of children affected by family violence

Survey results indicate that **25.5** per cent of survey respondents who work in School Education across all tiers report that they are confident in managing the needs of children affected by family violence.

Figure 131: Confidence of survey respondents who work in School Education in managing the needs of children affected by family violence (all tiers)

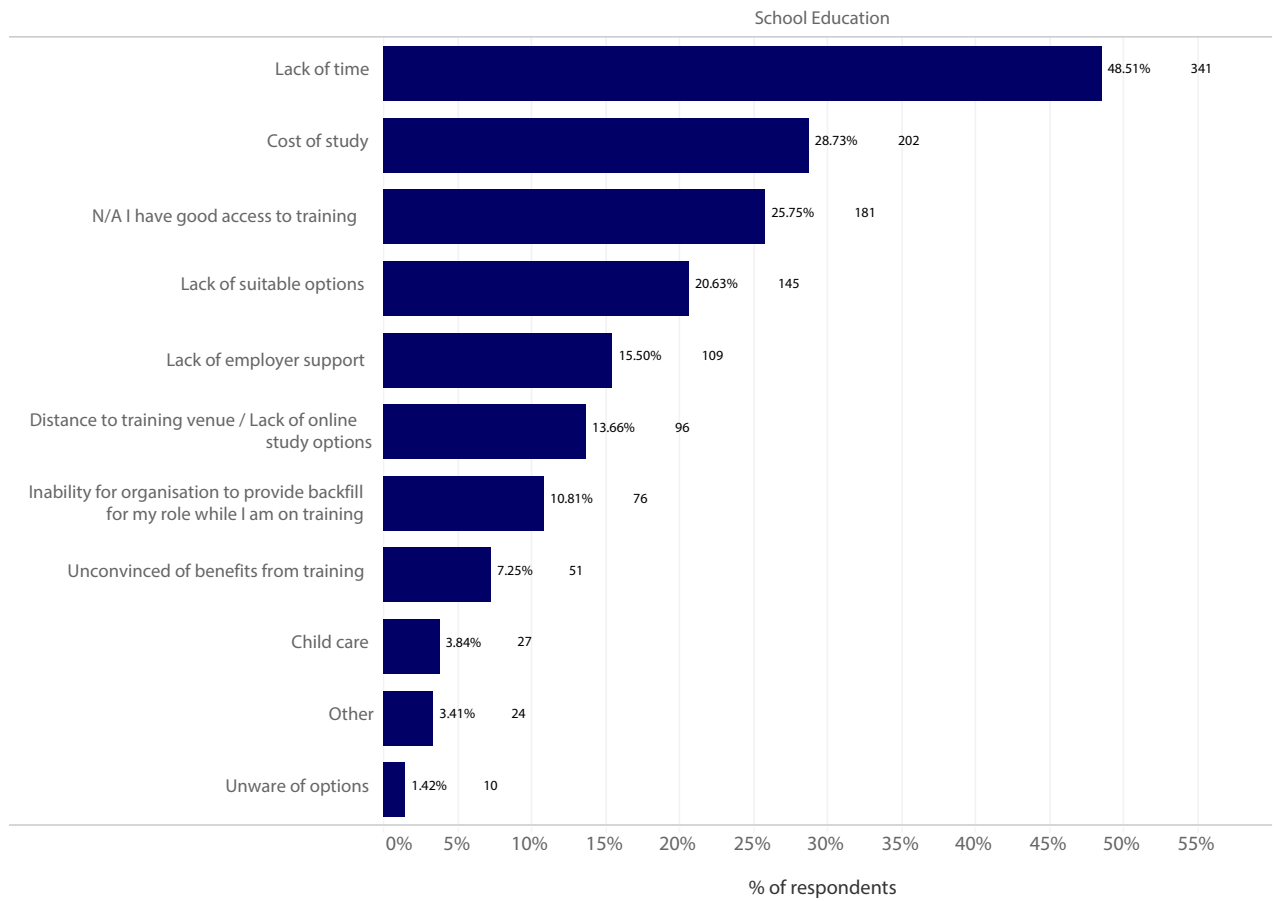


Source: KPMG analysis of employee survey data

### Barriers to training

Survey results indicate that **48.5** per cent of survey respondents who work in School Education across all tiers cite lack of time as a barrier to training.

Figure 132: Barriers to training cited by survey respondents who work in School Education (all tiers)<sup>164</sup>



Source: KPMG analysis of employee survey data

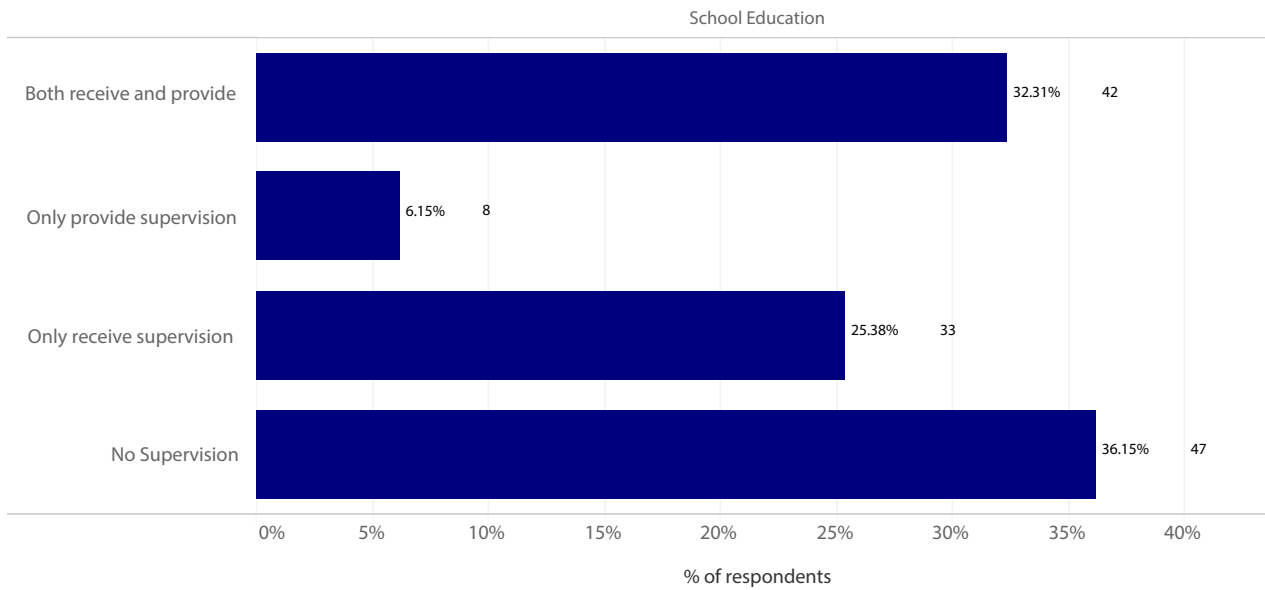
164 695 unique survey respondents answered this question.

## HEALTH AND WELLBEING

### Proportion who receive clinical supervision

Survey results indicate that **36.2** per cent of survey respondents who work in School Education and identify as Tier 1, 2 or 3 report that they do not receive any supervision in their role.

Figure 133: Supervision receipt and provision by survey respondents who work in School Education (Tier 1, 2, 3)<sup>165</sup>

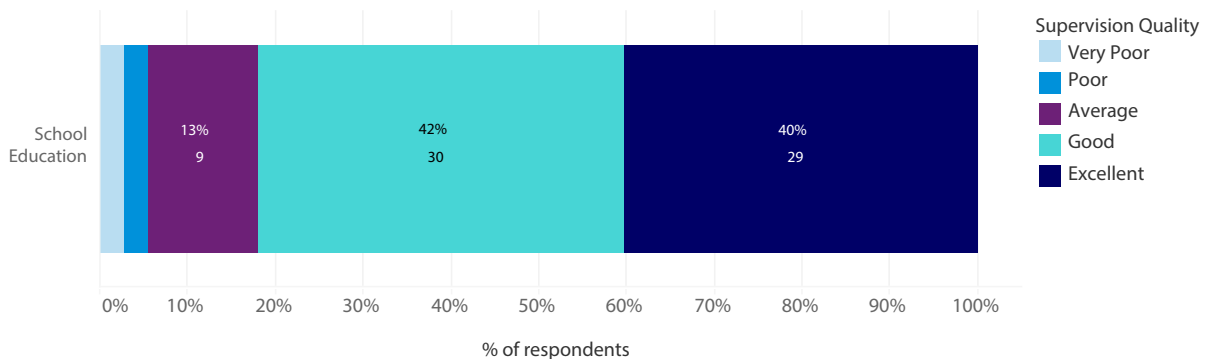


Source: KPMG analysis of employee survey data

### Satisfaction with clinical supervision

Survey results indicate that **40.0** per cent of survey respondents who work in School Education and identify as Tier 1, 2 or 3 report that the quality of the supervision received is 'excellent'.

Figure 134: Quality of supervision received by survey respondents who work in School Education (Tier 1, 2, 3)<sup>166,167</sup>



Source: KPMG analysis of employee survey data

<sup>165</sup> This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

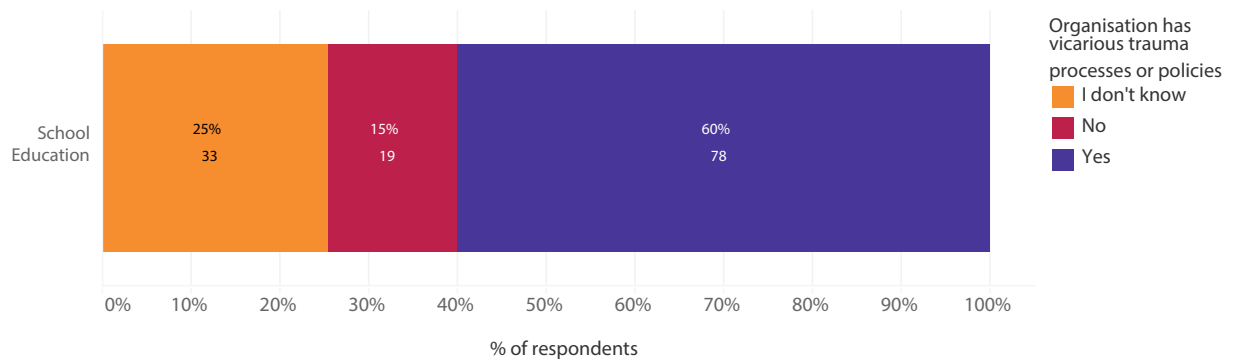
<sup>166</sup> Segments with fewer than five survey respondents are not labelled

<sup>167</sup> This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

### Organisational policies and procedures on vicarious trauma

Survey results indicate **60.0** per cent of survey respondents who work in School Education and identify as Tier 1, 2 or 3 report that their organisation has processes in place or policies and procedures to recognise and manage vicarious trauma.

Figure 135: Proportion of survey respondents who work in School Education whose organisations have processes or policies and procedures in place to recognise and manage vicarious trauma (Tier 1, 2, 3)<sup>168</sup>

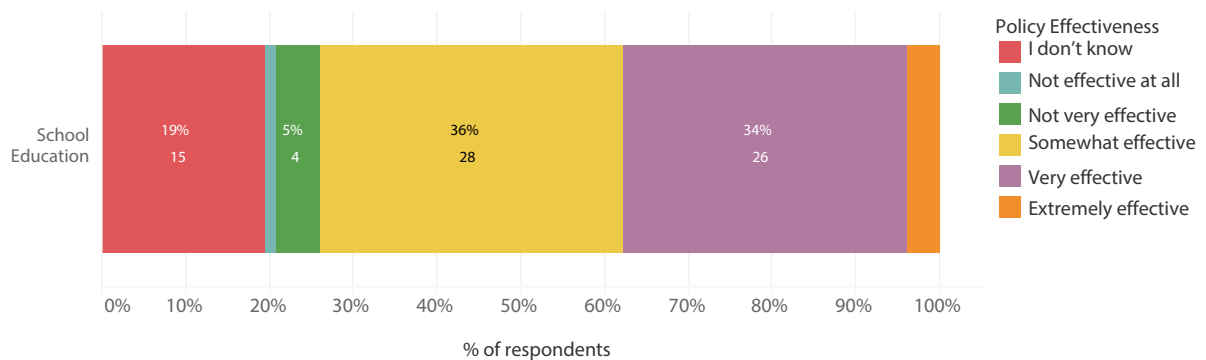


Source: KPMG analysis of employee survey data

### Effectiveness of policies and procedures

Survey results indicate **38.0** per cent of survey respondents who work in School Education and identify as Tier 1, 2 or 3 report that the organisation's processes or policies and procedures to recognise and manage vicarious trauma are 'very effective' or 'extremely effective'.

Figure 136: Quality of processes or policies and procedures in place to manage vicarious trauma reported by survey respondents who work in School Education (Tier 1, 2, 3)<sup>169, 170</sup>



Source: KPMG analysis of employee survey data

168 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

169 Segments with fewer than five survey respondents are not labelled

170 This question was not asked of all tiers and therefore the population size related to this question is unknown and confidence levels are unavailable. The results are provided for insight purposes.

# Attachment 2: Project governance, consultation and ethics approval

## PROJECT GOVERNANCE

The planning and conduct of the census was supported by two key project governance groups and a project governance structure that were both established at the outset of the government's engagement with KPMG. The two governance groups have been:

- The Project Control Group (PCG) – a Victorian Government interdepartmental governance body with senior official representation – responsible for providing high level oversight of the census project, and sponsorship of the census within represented Victorian Government departments.
- The Project Steering Group – initially solely a Victorian Government interdepartmental governance body – responsible for providing input into the census engagement from represented Victorian Government departments. During the data collection period, the Steering Group membership expanded to include representatives from the Victorian Council of Social Service and Domestic Violence Victoria, who were engaged to help boost engagement and participation.

## CONSULTATION

A number of consultations were carried out with the sector at the outset of the project, including with peak bodies, service providers, unions and professional associations. Outputs from these consultations – summarised below – were used to inform the development of both the employee survey and the employer data template and also give an insight into key workforce challenges felt by the sector.

## Workforce profile

Stakeholders noted the challenges faced by regional organisations in securing and retaining suitably qualified family violence workers, given that young people so often move to metropolitan areas for study and remain there. Consequently, regional services are often forced to appoint employees with lesser tertiary qualifications and or experience.

Elsewhere, stakeholders highlighted a trend towards hiring more highly qualified, but less experienced staff to family violence roles, commenting that, in some instances, there are two family violence workforces: older staff who have been in their roles for ten years or more and have trained under an 'apprenticeship' model; and a newer workforce that is required to have tertiary qualifications over significant sector experience. Stakeholders noted the importance of the census' ability to capture the significant level of practice experience in the sector.

Concerns were expressed about a lack of diversity in management positions, and the role gender and cultural bias might play in this. The challenge and importance of recruiting and advancing employees from diverse backgrounds, including those of culturally and linguistically diverse backgrounds, employees with a disability and Aboriginal employees, was also raised, with stakeholders agreeing that specific and relevant community networks should be relied on rather than traditional recruitment networks. It was also observed that workers who were recruited from within their local communities were often vulnerable to discomfort and overwork as they often live in the same communities as they work.

Stakeholders considered that the sector did not have enough staff with specialist skills in dealing with perpetrators, nor was there adequate training in this area. It was also observed that attraction, and therefore workforce supply, may be negatively affected by broad perceptions of the specialist family violence sector as being like a 'pressure cooker' with low job security.

### **Capability, knowledge and skills**

Stakeholders suggested further training would be beneficial in a number of areas. This included supporting practitioners in better risk management, as well as gaining a better understanding of short to medium term interventions versus longer term behaviour change programs for perpetrators.

There was significant discussion about core competencies, and what could be done to clearly identify and define tiered sets of skills and capabilities applicable to all workers that intersect with family violence. Stakeholders observed the existence of a number of obstacles to further study or training (such as cost, lack of funding, the need to travel from regional areas, and a lack of suitable training options), and how this impacted workforce capability and confidence. Technology was proposed as an economical tool to address frequent challenges to do with training regional workers.

Stakeholders commented that as a consequence of the Royal Commission recommendation to mandate social work degrees for Tier 1 family violence workers, agencies are tending to recruit candidates with formal qualifications, over those with significant experience and no formal qualifications, and this has placed additional demand on experienced staff to provide support to – what can be – a highly mobile, young, workforce.

Stakeholders agreed on the need to grow and train a workforce that is better able to engage in prevention initiatives and respond to family violence in diverse communities. Concerns were raised about adequate recognition of multi-lingual skillsets and bi-cultural workers. It was noted that diversity training, such as cultural competency training, tends to be expensive and more needs to be done to ensure training translates to practice. Participants discussed the need to develop a prevention and response mindset in workers across sectors, and greater connection between prevention and response areas.

### **Career pathways**

It was noted that limited advancement opportunities often result in workers needing to change employers to progress their careers, which produces high levels of mobility and has a 'self-cannibalism' effect within the sector, particularly for smaller non-government organisations. It was noted that some smaller organisations provide good opportunities for junior staff to 'act up' early in their careers, but once managerial levels were reached career opportunities thin out significantly.

Others raised concerns that 'the only way up' in pay scale is through managerial roles, and suggested that technical specialists should also be recognised with equivalent managerial-level salaries.

Low job security, due to high numbers of fixed term contracts and their dependence on funding and grant replenishment, was said to be another factor in the sector's minimal career pathways and security. While stakeholders expressed mixed views about the inter-sectoral mobility, they were also conscious that family violence workers can get 'stuck' in unsatisfactory positions due to the inability to take sick leave and other benefits with them when moving to new employers.

### **Health and wellbeing**

Stakeholders were particularly cognisant of the sector's 'pressure cooker' qualities, and how this contributes to burnout and, together with limited career pathways, job security, and obstacles to training, can negatively impact worker wellbeing.

The importance of professional supervision for supporting family violence workers was strongly conveyed, with stakeholders asserting that where Tier 1 workers are not currently accessing supervision, this needs to be remedied as a matter of priority. Others highlighted the need to consider the issue of vicarious trauma for broader workforces.

It was also indicated that increased or additional mentoring or supervision would be highly valued by workers in the specialist family violence sector, and communities of practice similarly valued in the primary prevention sector. Likewise, opportunities to shadow other workers and 'learn by example' was considered a key way for workers to improve their practice.

Stakeholders observed that family violence workers are often drawn to work in the sector because of idealism, or personal experience of family violence.

Stakeholders also flagged that potential future risks to staff morale and wellbeing could come from change fatigue with an extended reform agenda. It was agreed that a clear, ongoing communications strategy – in a manner that includes workers rather than simply informs them – will be vital for effective change management and organisational wellbeing.



The organisations that participated in the consultation are detailed below <sup>171</sup>

- Aboriginal Family Violence Prevention and Legal Service
- AMES Australia
- Anglicare
- Australian Association of Social Workers
- Australian Education Union
- Australian Medical Association
- Australian Nursing and Midwifery Federation
- Australian Psychological Society
- Australian Services Union
- Berry Street
- Centre for Excellence in Child and Family Welfare
- Community and Public Sector Union
- Community Housing Federation of Australia
- Council to Homeless Persons
- Domestic Violence Resource Centre Victoria
- Domestic Violence Victoria
- Early Childhood Australia
- Family Violence Regional Integration Coordinators
- Federation of Community Legal Centres
- Gippsland Centre against Sexual Assault
- Health and Community Services Union
- InTouch
- MIND Australia
- Monash University
- National Disability Services
- No To Violence
- Nursing and Midwifery Australia
- Our Watch
- RMIT
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian College of General Practitioners
- Safe Steps
- Salvation Army
- Seniors Rights Victoria
- The Police Association
- VICSERV
- Victorian Aboriginal Child Care Agency
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Council of Social Service
- Victorian Trades Hall Council
- Women with Disabilities
- Women's Health and Wellbeing Barwon South West
- Women's Health West
- Women's Legal Service

## ETHICS APPROVAL

Ethics approvals were gained for the census prior to its roll out. These approvals were secured through the following channels:

- Department of Justice and Regulation Human Research Ethics Committee
- Department of Health and Human Services Research Committee
- Victoria Police Research Coordinating Committee
- Department of Education and Training.

A range of protocols were used to provide assurance on the safety, security and privacy of data collected for the census, including that: participation in the census was opt-in and there were no adverse consequences for not participating; no direct personal identifiers were collected through the census; data collected is treated as confidential and access is restricted and monitored; no raw data will be published or disseminated, and no individual will be identified in any publication or report.

<sup>171</sup> Representatives of program areas within government departments and agencies also participated in the consultations.

# Attachment 3: Census sampling structure and response rates

**Notes on methodology:** The true workforce population for each tier and each industry is unknown. Therefore estimated population sizes have been constructed on the basis of size estimates of workforce types and a mapping of workforce types to tiers. This mapping is provided in Table 1.

As respondents could self-select their tier, there are some inconsistencies between this mapping and how respondents self-identified, which presents an additional complexity in the calculation of response rates and confidence intervals. This is particularly apparent at the industry level for payroll data (see table 3 below) where organisations identified more employees in the health industry than had been estimated for the purposes of the census, resulting in over sampling and distorted response rates. An implication of the ability of respondents to self-select their tier is that confidence levels are not calculated for questions that were not asked of all tiers since the population size relevant to the question is unavailable. These have been footnoted accordingly in the sector profiles.

The sample size obtained by the employee survey allows reasonable conclusions to be drawn about the population across all four tiers. As with tiers, a sufficient sample size has been gathered from most industries to draw conclusions based on a 2.5 per cent margin of error and 95 per cent confidence interval. The exceptions were Emergency Services and Local Government which were not deemed sufficient for a 2.5 per cent margin of error and 95 per cent confidence level.

Due to the voluntary nature of the census, strategies were employed to reduce the self-selection and non-response biases.<sup>172</sup> These included consistent engagement with representatives on the project governance bodies to drive communication and participation, extension of the time that the survey was open to maximise responses, and multiple contact points for respondents with technical or census-based queries.

Table 1. Workforce tiers with identified census workforces

Tier	Description	Detail	Identified workforces	Workforce population estimate	Survey sample size	Survey response rate (%)	Payroll Sample size	Payroll response rate (%)
<b>Tier 1</b>	<b>Specialist family violence, sexual assault and primary prevention practitioners</b>	<p>These workforces have responsibility for dealing with medium to high risk cases on an ongoing basis and spend <b>90.0</b> per cent or more of their time on the following activities:</p> <ul style="list-style-type: none"> <li>• responding to victim survivors of family violence</li> <li>• working with perpetrators of family violence, or</li> <li>• engaged in primary prevention activities</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist family violence workers (including accommodation support, casework, outreach and counselling)</li> <li>• Sexual assault service workers</li> <li>• Primary prevention practitioners</li> <li>• Victoria Police staff specialising in family violence</li> <li>• Court staff specialising in family violence</li> <li>• Perpetrator interventions staff (including men's behaviour change program facilitators)</li> <li>• Indigenous Family Violence Regional Action Group staff</li> <li>• Regional Integration Coordinators</li> <li>• Community Legal Centres with a focus on family violence</li> </ul>	2,275	1,603	70.5	1503	66.1
<b>Tier 2</b>	<b>Core support or intervention professionals</b>	<p>Responding directly to family violence is not the core business of these workforces; however, they spend a significant proportion of their time responding to victim survivors or perpetrators of family violence.</p> <p>This tier also includes people who may not undertake primary prevention of violence against women and their children as the core function of their role but have responsibility for planning or overseeing prevention work as part of their job.</p>	<ul style="list-style-type: none"> <li>• Child FIRST/Integrated Family Services staff</li> <li>• Aboriginal Health workers</li> <li>• Aboriginal women's diversion programs staff</li> <li>• Community Legal Centre staff</li> <li>• Corrections staff (prisons, community correction services and funded programs) Cradle2Kinder workers</li> <li>• Healthy Mothers, Healthy Babies workers</li> <li>• Homelessness services staff</li> <li>• Magistrate's and Children's Court staff (in non-family violence specialist roles)</li> <li>• Out of Home Care workers</li> <li>• Specialist family violence clinical psychologists</li> <li>• Specialist family violence financial counsellors</li> <li>• Statutory child protection workers</li> <li>• Victims Assistance Program workers</li> <li>• Victims of Crime Helpline and Victim Support Agency staff</li> <li>• Victoria Legal Aid staff</li> <li>• Victoria Police staff (in non-family violence specialist roles)</li> <li>• Youth Justice workers</li> </ul>	27,359	2,578	9.4	22,617	82.7

Tier	Description	Detail	Identified workforces	Workforce population estimate	Survey sample size	Survey response rate (%)	Payroll Sample size	Payroll response rate (%)
Tier 3	Professionals in mainstream services and non-family violence specific support services	The core role of these workforces is not family violence, but they work in sectors that responds to the impacts of family violence (e.g. housing, alcohol and other drugs, mental health), or in an area where they may notice early signs of people experiencing or perpetrating family violence.	<ul style="list-style-type: none"> <li>• Aged care workers (residential and non-residential, including Aged Care Assessment Teams)</li> <li>• Allied health practitioners</li> <li>• Alcohol and Other Drug workers</li> <li>• Courts and tribunal staff (in non-family violence specialist roles, with the exception of Magistrates' and Children's Court staff who are in tier 2)</li> <li>• Disability workers (including accommodation, respite and outreach/advanced case workers)</li> <li>• Dispute Settlement Centre Victoria staff</li> <li>• Financial counsellors (in non-family violence specialist roles)</li> <li>• Gambling services staff</li> <li>• GPs</li> <li>• Health services staff (in areas such as allied health, emergency, maternal and newborn, paediatric,</li> <li>• Mental health services)</li> <li>• Infringement Management and Enforcement staff</li> <li>• Regional Aboriginal Justice Advisory Committee staff (including Local Aboriginal Justice Action Committee staff)</li> <li>• Maternal and child health nurses (including Right@ Home)</li> <li>• Mental health workers</li> <li>• Paramedics</li> <li>• Parenting services workers</li> <li>• Privately employed health workers, such as psychologists, counsellors and psychiatrists</li> <li>• Public/social housing workers</li> <li>• School and area-based health and wellbeing service staff</li> <li>• School Focussed Youth Services staff</li> <li>• Sheriffs</li> </ul>	156,725	2,894	1.8	n/a	n/a

Tier	Description	Detail	Identified workforces	Workforce population estimate	Survey sample size	Survey response rate (%)	Payroll Sample size	Payroll response rate (%)
Tier 4	Professionals in universal services	The core role of these workforces is not family violence but because they interact with children, families and/or adults in their day-to-day roles, it is likely that they have contact with victim survivors (including children) or perpetrators of family violence.	<ul style="list-style-type: none"> <li>• Consumer Affairs Victoria staff</li> <li>• Dentists</li> <li>• Early childhood education and care professionals</li> <li>• Justice Service Centre staff</li> <li>• Migrant services staff</li> <li>• Primary and secondary teachers and school leadership</li> <li>• School chaplains</li> <li>• TAFE/Learn Local/ University staff</li> <li>• Youth workers (including in local government)</li> </ul>	198,944	4,190	2.1	n/a	n/a

Source: Adapted from RCFV, Report and recommendations, Vol VI, p. 172 and KPMG *Census of Workforces that Intersect with Family Violence*.

Table 2: Survey response rate by industry

Industry	Estimated workforce population	Number of responses	Response rate (%)
Education	155,293	1,815	1.2
Emergency Services	15,906	453	2.8
Health	169,101	2,770	1.6
Human Services/Community/non-government	31,908	3,837	12.0
Justice	10,015	1,620	16.2
Local Government	3,080	661	21.5

Source: KPMG analysis of employee survey data

Table 3: Number of employees per industry – payroll data

Industry	Estimated workforce population	Number of responses	Response rate (%)
Education	34	0	0
Emergency Services	13,214	8,620	65.2
Health <sup>173</sup>	300	861	287.0
Human Services/Community/non-government	8,808	7,641	86.8
Justice	7,223	6,939	96.1
Local Government	59	55	107.2

Source: KPMG analysis of employee survey data

173 Inflated result owing to organisations identifying more employees in the health industry than had been estimated for the purposes of the census.



## CENSUS OF WORKFORCES THAT INTERSECT WITH FAMILY VIOLENCE

Authorised and published by the Victorian Government  
1 Treasury Place, Melbourne 3002  
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Printed by Impact Digital, Brunswick, Victoria.

ISBN 978-1-76069-155-4 (Print)

ISBN 978-1-76069-156-1 (pdf/online)

## CONTENT COORDINATION

Images courtesy of Cleverdeer Photography

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