



EQUITY ECONOMICS



STRETCHED BEYOND CAPACITY

THE UNMET DEMAND CRISIS FACING DOMESTIC AND FAMILY
VIOLENCE SERVICES IN NEW SOUTH WALES

Acknowledgement

This report was written on the stolen and unceded lands of the Gadigal People of the Eora Nation. We pay respects to the Elders past, present and emerging.

Domestic Violence NSW acknowledges Aboriginal and Torres Strait Islander peoples as the first sovereign nations across the breadth and depth of Australia. We recognise that Aboriginal and Torres Strait Islander people have lived and cared for Country for over 60,000 years and continue to do so, honouring ancestors and knowledge holders within community, and observing ancient cultural practices.

We acknowledge the damaging impacts of colonisation and hold their stories with great care.

We acknowledge that domestic and family violence are not part of Aboriginal culture and assert that the responsibilities of Aboriginal families and kinship systems do not align nor are reflected in current government policies. Domestic Violence NSW work to position ourselves as allies and give voice and strength to the unique position that Aboriginal and Torres Strait people hold in their own family systems and communities.



About this report

This report was prepared by Equity Economics and Development Partners for Domestic Violence and NSW. We thank all the specialist domestic and family violence services who participated in this research by sharing data, insights and case studies. The 12 services who participated are of varying sizes, operate across metropolitan and regional parts of the state, and include services delivering government-funded and unfunded programs.

About Equity Economics and Development Partners

Equity Economics and Development Partners is an economic and social policy consulting firm, providing analysis, policy development, design and evaluation services to government, private sector and non-government clients. We specialise in economic and social policy, applied domestically and internationally across the Asia Pacific region. We combine technical economic skills with policy expertise, helping our clients contribute to a more inclusive, equitable society. Our work addresses the persistent challenge of social and economic disadvantage, through new and practical solutions.

About DVNSW

Domestic Violence NSW (DVNSW) is the peak body for specialist domestic and family violence (DFV) services in NSW. With approximately 200 member organisations across the state and diverse lived expertise advisory groups, we work to improve policy, legislative and program responses to domestic and family violence through advocacy and collaboration, while promoting good practice and primary prevention.

We exist to eliminate domestic and family violence from society.

DVNSW members represent the diversity of NSW specialist DFV services, working to support adults, children, families and communities impacted by domestic and family violence. Our member organisations consist of services such as crisis and refuge Specialist Homelessness Services, domestic violence response enhancement, specialist DFV case management, Aboriginal controlled organisations, migrant and refugee specialist organisations, community housing, staying home leaving violence, women's legal and women's court advocacy services, men's behaviour change programs, and general community, women and children's support programs. It's our role to ensure our members are listened to, respected and heard by the change-makers in society.

We recognise that lived experience is central to change. We understand that DFV impacts some communities disproportionately – which is why we ensure the experiences of Aboriginal and Torres Strait Islander people, LGBTIQA+ people, migrant and refugee people and people with disability have a central voice in our advocacy. With guidance from lived experts, we elevate the experiences, voices and needs of victim-survivors through all work we undertake.

Together with victim-survivors, our members, our partners and our team – we will end gender-based violence in NSW.

Address PO Box 3311, Redfern NSW 2016
Phone 02 9698 9777
Email admin@dvnsw.org.au
Website dvnsw.org.au

Contents

Executive summary.....	5
The vital role of specialist DFV services	10
More people are reporting domestic and family violence	12
Growing numbers of DFV incidents are being reported to police	13
Increasing numbers of victim-survivors are seeking help from services.....	14
Why are more people reporting DFV?.....	15
Measuring unmet demand	16
Demand for DFV services is outstripping capacity	18
Case workers are unable to assist growing numbers of referrals	18
Services are adapting to meet urgent client needs	19
Case work is becoming more complex and taking longer	21
The consequences of unmet demand	28
Impacts on new referrals.....	28
Impacts on existing clients.....	28
Impacts on staff	29
Impacts on government and the economy.....	30
Services are delivering well above what they are funded to do	31
Core funding is inadequate.....	31
Services are doing significant amounts of unfunded work	32
Regional and rural services face additional challenges.....	33
Long-term underinvestment in prevention and early intervention, and in recovery services	34
Recommendations	36
Appendix	37

Executive summary

Growing numbers of victim-survivors are reporting domestic and family violence (DFV) and reaching out for help. Unfortunately, many are unable to access vital support to help them stay safe, escape violence and get their lives back on track. Burgeoning demand for services is stretching many specialist DFV services in New South Wales beyond their capacity. Inadequate funding levels are forcing services to make impossible trade-offs and putting victim-survivors' lives at risk.

More and more victim-survivors of domestic and family violence (DFV) are coming forward to report violence and seek help. Over 300 DFV-related assaults are recorded every day across New South Wales. Rates of reported violence have been rising since the COVID-19 pandemic, with increases in reported assaults, murders, stalking, intimidation, technology-facilitated abuse and other forms of DFV.¹

At the same time, declining housing affordability and shortages of crisis and transitional housing are making it harder for people to escape violence. These factors, combined with growing community awareness of DFV, are resulting in growing numbers of victim-survivors reaching out to social and community services for help.

Specialist DFV services are seeing the consequences of this increased demand first hand. These services provide a range of case management and case coordination supports to help victim-survivors stay safe, escape violence and get their lives back on track. This includes safety planning, assisting with security enhancements, referrals to other services and ongoing monitoring of the victim-survivor's situation. Some specialist DFV services also directly provide therapeutic counselling, legal assistance and homelessness services for victim-survivors.²

This report provides new insights on the growing strains facing the specialist DFV sector in New South Wales. It seeks to fill a gap in the evidence base about what is happening on the ground for specialist DFV services and to elevate their voices. The research draws on new data provided by 8 services and interviews with 12 services. This sample is small but provides a snapshot of the sector. The services are of varying sizes, operate across metropolitan and regional parts of the state, and include services delivering government-funded and unfunded programs.

We acknowledge the contribution of these services to the research, noting that their participation was limited by the available time and resources for this research, and by the significant capacity constraints facing the sector.

The evidence from these services highlights the crisis facing the sector. In the past year alone, these services have seen a large increase in new referrals (up 22 per cent), while funding constraints mean the number of clients they are able to support has barely changed and staff numbers have shrunk slightly (see Figure 1). As a consequence, growing numbers of victim-survivors are unable to access the level of support they need to stay safe and escape violence. Over a two-week period, two in three new referrals

¹ NSW Bureau of Crime Statistics and Research (2025), Domestic Violence Statistics, June 2025, Available: https://bocsar.nsw.gov.au/content/dam/dcj/bocsar/documents/topic-areas/domestic-violence/Domestic_Violence_Statistics.xlsx

² This research focuses on case management and case coordination services, outside of accommodation and court advocacy programs.

(63 per cent) could not be assigned to a case worker immediately – with a large share of these clients coming from groups with heightened risks or needs (see Figure 2).

Figure 1: Key findings from a sample of 8 specialist DFV services, July-August 2025

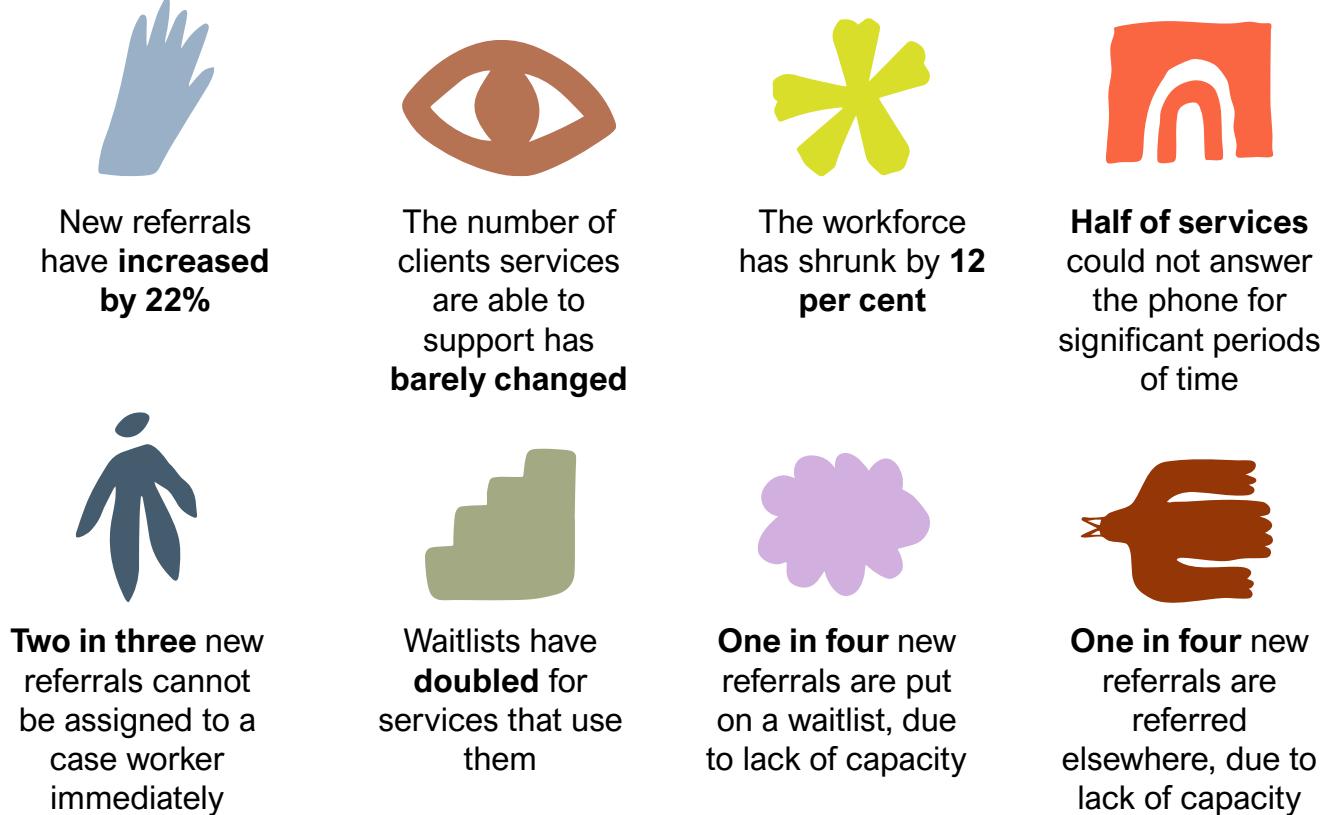
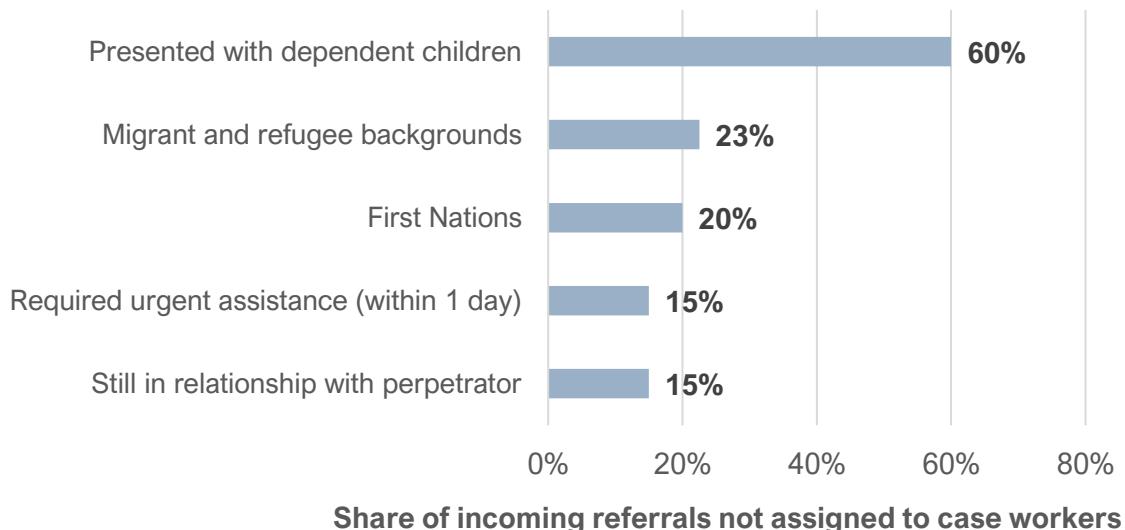


Figure 2: Share of the participating services' incoming referrals who could not be assigned to a case worker immediately, by group, over a two-week period



Note: Some referrals have more than one of these characteristics.

Specialist DFV services are going to extraordinary lengths to help victim-survivors escape harm, even when they lack the capacity to provide the level of support that is needed. To manage demand, the services in this research are having to:

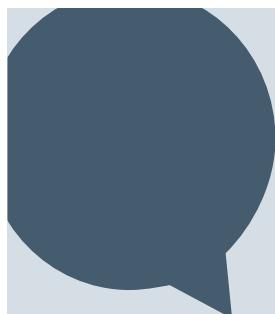
- **Put people on waitlists** until a case worker becomes available. Across the services, over a quarter of new referrals were put on some kind of waitlist. The number of people on waitlists has doubled in the past year and some services report waiting times exceeding 28 days.
- **Refer people somewhere else.** Over a fifth of new referrals had to be referred to another service provider, based on available capacity among locally available services.
- **Offer interim or shorter-term supports** (such as basic safety planning, periodic check-ins or enrolling clients in group programs) until a case worker becomes available, the client is referred to another service, or the service loses contact with the client.

The services also report increasing complexity in the case work they do, which means the amount of time clients require case management or case coordination for is becoming longer. This is driven by:

- major declines in housing availability and affordability, making it harder for victim-survivors to find new accommodation if they move, and harder to stay at home and have the perpetrator moved;
- increasing difficulty accessing other crucial services some clients need, such as crisis accommodation, mental health and substance abuse services, and childcare services – with the work of helping clients with unaddressed needs falling back on the specialist DFV case worker; and
- fragmentation in the broader services system, meaning case workers have to spend more time navigating referrals to other services, filling out paperwork and advocating for their clients.

As a result of more complex and drawn out case work, and other support systems that are failing to meet clients' pressing needs, specialist DFV services have even less capacity to take on new clients. Some of the services in this research are having to reduce support for existing clients to free up case workers for more urgent referrals. Staff often go above and beyond their job descriptions to help people, but many are at breaking point in the face of increasing burnout, exhaustion and personal safety concerns – leading to experienced workers leaving the sector and major challenges filling vacancies.

For many victim-survivors, reporting violence is not easy. Those who reach out for help but cannot access it often face elevated risks of harm from the perpetrator. Without the right support to stay safe and escape violence, there can be major consequences for victim-survivors' mental and physical health and their ability to work – with the consequences often spilling over to communities, mainstream government services and the wider economy. Even worse, the inability to access the help people need when they need it can deter them from reporting violence in the first place – thereby exacerbating the risks to their safety and wellbeing, and increasing the social and economic costs of violence.



“Something is always better than nothing – we don’t want to give them nothing.”

“Looking just at a waitlist will not provide the full story as the organisation is often providing more assistance.”

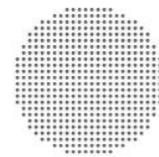
“We will do case plans and safety planning with a client, then might have to exit. Support is being pared back so more people can be helped.”

“Insecure housing means we have clients who have to remain living with their perpetrator for over a year. This is causing a backlog for us.”

The level of support specialist DFV services are currently providing to victim-survivors is not sustainable in the face of limited resourcing. Without a significant uplift in government funding, more staff will burn out and leave the sector, and more victim-survivors will find their needs cannot be met. This report makes several recommendations for what the NSW Government can do (Table 1).

Table 1: Recommendations for the NSW Government

Issue	Recommendation
Core funding	Urgently increase core government funding for specialist DFV services delivering case management and case coordination. Funding should be linked to projections of future demand so that services' capacity does not fall further behind the growth in demand.
Funding for interim supports	Provide specific funding for the interim and shorter-term supports that services provide clients when case workers are not immediately available.
Brokerage	Increase funding for brokerage, so that services have the resources to assist clients with safety upgrades and other supports necessary for them to stay safe.
Higher service delivery costs	Ensure services have adequate funding to cover the higher costs of operating in regional and rural areas and for working with groups with complex needs (including temporary visa holders, First Nations clients and clients with disability).
Other vital supports	Adequately fund other vital supports and services used by victim-survivors, including social housing, homelessness, mental health and substance abuse services – and ensure that temporary visa holders are eligible to access these services.
Coordination between services	Improve referral, information-sharing and coordination processes between specialist DFV services and other systems (including the justice, health and housing systems) so that clients are not bounced around between services when they seek help and so they do not have to re-tell their story over and over. These improvements should be backed by increased resourcing and build on existing infrastructure to support place-based approaches.
Workforce	Invest in the specialist DFV workforce, including by ensuring services have adequate funding to attract and retain experienced workers, train and develop employees, expand the workforce, and provide resources to facilitate sustainable caseloads with appropriate health and wellbeing support for workers.
Prevention and early intervention	Ensure evidence-based prevention and early intervention services have adequate long-term funding. This includes further investment in tackling the stigma associated with seeking help for DFV and ensuring culturally responsive support is available before violence escalates – especially for cohorts at heightened risk such as First Nations, migrant and refugee women. Investing in prevention and early intervention can lower the incidence and costs of DFV to the community in the longer term and reduce demand on the response and crisis sector. However, additional investment should not be used to justify under-resourcing of response and crisis services today or in the medium-term.
Recovery services	Invest in long-term recovery services to help victim-survivors heal and recover after exiting response and crisis services, and to reduce the likelihood they will re-enter crisis in the future.



EQUITY ECONOMICS



“Helping clients with complex needs is a big challenge in regional areas. There are not enough wrap-around supports out there for clients’ complexities. We are left holding more of the complexity than we would like to.”

“We have to do lots of paperwork and advocacy for our clients. Paperwork, applications, phone calls – really vigorous advocacy. It almost feels like pestering. And success is only case by case.”

“There is a high rate of burnout. What our case workers struggle with most is feeling that they are not making a difference and they are feeling hopeless.”



The vital role of specialist DFV services

Domestic and family violence services provide critical support for people experiencing, or at risk of, domestic and family violence (DFV). These services include:

- specialist case management and case coordination services which help victim-survivors to stay safe and access other services;
- accommodation supports such as refuges and temporary accommodation to help victim-survivors escaping violence (typically delivered by Specialist Homelessness Services);
- legal assistance and court advocacy services to help victim-survivors navigate the justice system;
- other general and specialist services, including counselling, health, housing, child protection and financial supports; and
- prevention, early intervention and longer-term recovery services (see Figure 3).

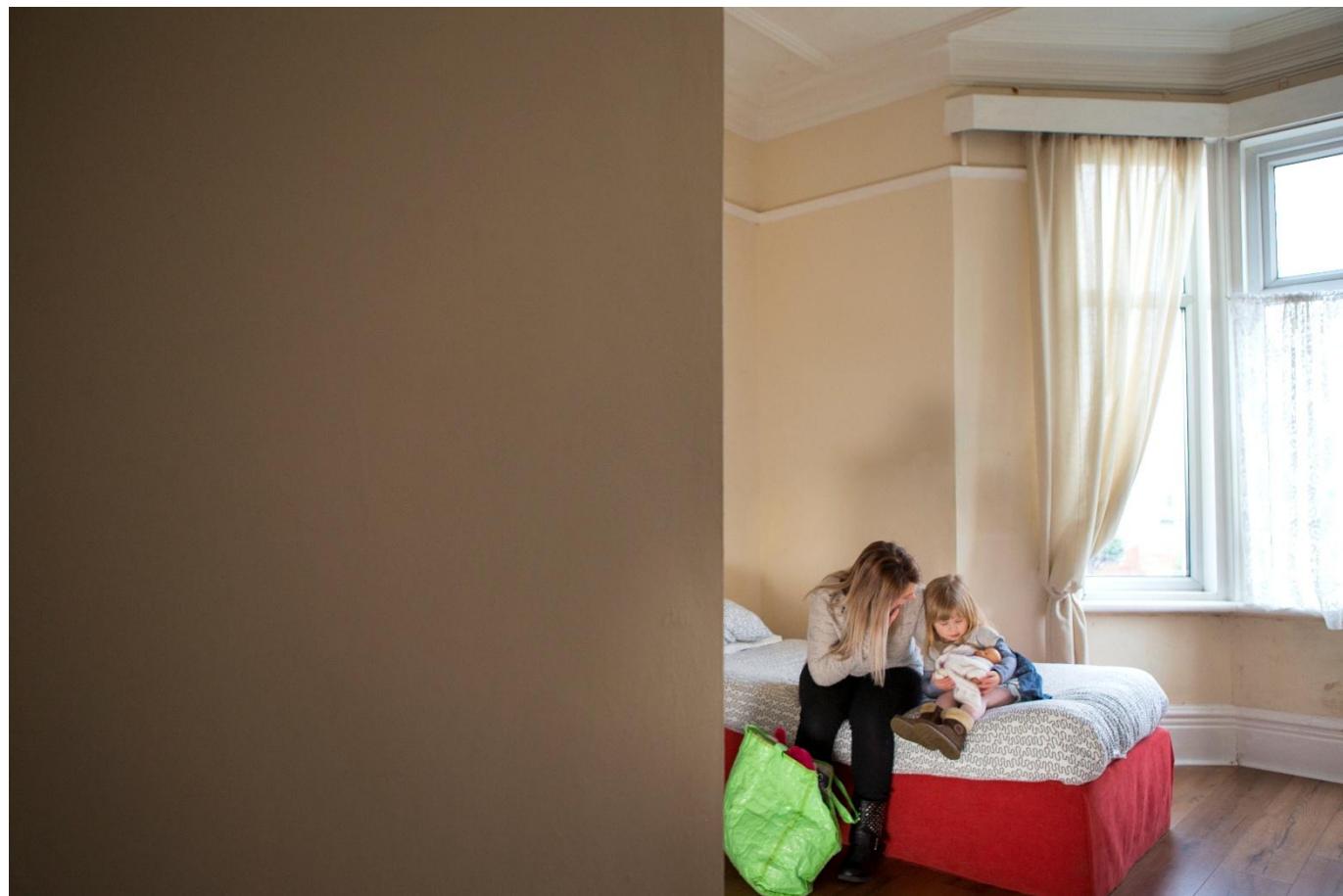
The services a victim-survivor receives will depend on their needs and what services they are able to access. For example, some victim-survivors will require crisis accommodation or legal advice, while others may need support to stay safe in their own home. Many victim-survivors will require case management or counselling services to help them meet their goals and recover from violence, but may not be able to obtain them if there are no services available in their area, or if the available providers do not have capacity to take on new clients.

Figure 3: Examples of specialist DFV services

Prevention and early intervention	Case management and case coordination	Accommodation
<ul style="list-style-type: none"> • Community engagement and education • Outreach programs • Attitude and behaviour change programs for people at risk of using violence 	<ul style="list-style-type: none"> • Assessing the client's needs and the risks of harm to them and their children • Developing a plan to help the client escape violence and stay safe • Identifying other services the client needs, providing referrals and helping to coordinate service providers • Supporting the client to make police reports and attend court • Provision of short-term financial or material support, such as to pay for transport or security upgrades (brokerage) • Counselling, therapy and psychoeducation to help the client understand their situation, meet goals and recover • Advocating on the client's behalf to other services • Recovery and healing programs • Culturally-specific services and healing (e.g. for First Nations, migrant and refugee, and LGBTIQ+ clients) 	<ul style="list-style-type: none"> • Refuge and crisis accommodation • Transitional housing • Emergency relocation
Perpetrator interventions		Legal support
<ul style="list-style-type: none"> • Men's behaviour change programs 		<ul style="list-style-type: none"> • Legal advice • Court advocacy services
Specialist health services		
		<ul style="list-style-type: none"> • Mental health supports • Medical and forensic treatment and examinations

This report focuses on specialist DFV case management and case coordination services. Case management helps clients to address their risks and needs, and can include individual risk assessments, safety planning and connecting clients to other services (see Figure 3). Case coordination is typically considered a shorter-term form of support, although is not necessarily less intensive.³ The specialist DFV services who deliver these supports have a strong understanding of the issues victim-survivors face and provide compassionate, culturally responsive and trauma-informed support for their clients.

This report covers case management and case coordination provided on a standalone basis or alongside other services such as therapeutic counselling and legal assistance but does not consider case management and case coordination delivered alongside homelessness services (such as refuges and crisis accommodation) or court advocacy services. Some data already exists on levels of unmet demand for these services, such as data on unassisted clients of Specialist Homelessness Services published by the Australian Institute of Health and Welfare⁴ and a recent research report which provided additional measures for the homelessness sector.⁵



³ In this report, we do not distinguish between case management and case coordination, as definitions and support models vary across the sector.

⁴ Australian Institute of Health and Welfare (2025), Specialist Homelessness Services Annual Report 2023-24.

⁵ Impact Economics and Policy (2024), *Call unanswered: Unmet demand for specialist homelessness services*.

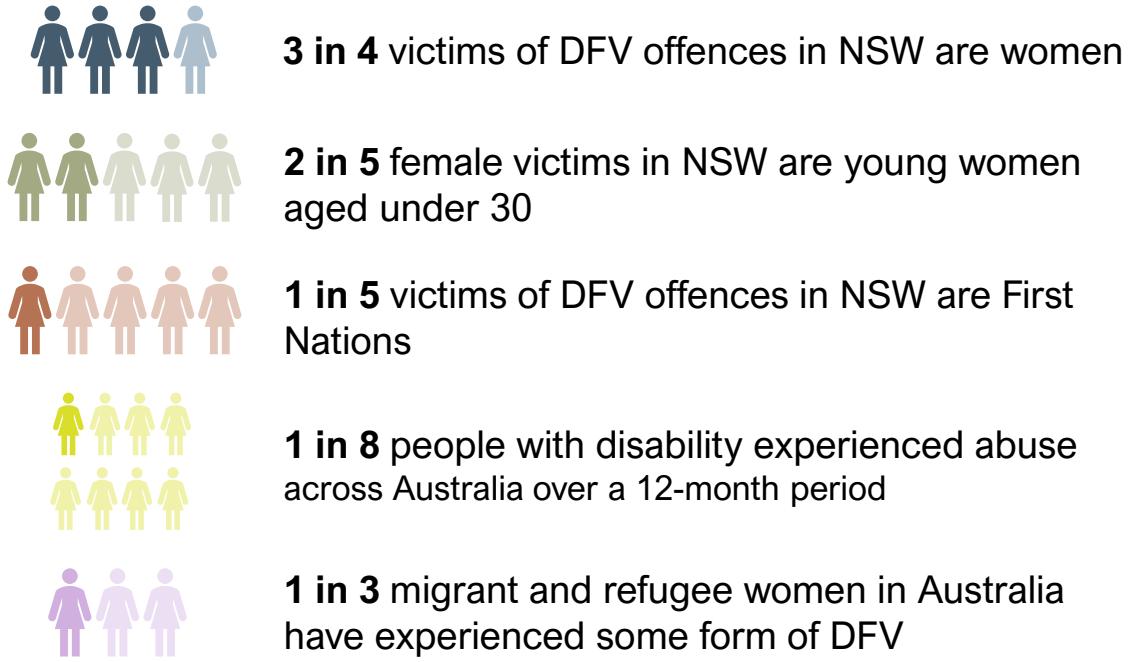
More people are reporting domestic and family violence

DFV is pervasive and often generational. More than one million women across New South Wales – more than one in three women – have experienced physical and/or sexual violence since the age of 15. One in four NSW women have experienced violence, emotional abuse or economic abuse by a cohabiting partner since the age of 15, with 3.4 per cent of women reporting they experienced physical, sexual or threatened violence in 2021-22.⁶

A quarter of women have experienced domestic and family violence.

Women are more likely than men to experience violence by someone known to them, with one in four women experiencing violence by a family member or intimate partner.⁷ Research has also shown that some population groups are disproportionately more likely to experience DFV than others (see Figure 4).

Figure 4: Some population groups face elevated risks of domestic and family violence⁸



⁶ Australian Bureau of Statistics (2023), Personal Safety, Australia, Available: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

⁷ Australian Bureau of Statistics (2023), Personal Safety, Australia.

⁸ Sources: By gender, age and First Nations status: NSW Bureau of Crime Statistics and Research (2025), Domestic Violence Statistics, June 2025; People with disability: Australian Bureau of Statistics (2024), Disability, Ageing and Carers, Australia; Migrant and refugee women: Segrave, M., Wickes, R. and Keel, C. (2021), *Migrant and refugee women in Australia: The Safety and Security Survey*, Monash University.

Growing numbers of DFV incidents are being reported to police

Police data shows that, across most DFV-related criminal offences, rates of reported violence are increasing:

- Just over 38,000 DFV-related **assaults** were recorded by NSW Police in 2024-25. The number has increased by 8.8 per cent in the last two years, and is equivalent to just over 100 offences a day – or one every 14 minutes, on average.⁹ Since the COVID-19 pandemic, there has been a steady year-on-year increase in recorded DFV-related assaults, with the rate of reported assaults per 100,000 population increasing by almost 16 per cent since 2020-21 (see Figure 5).¹⁰
- In 2024-25, 33 people were **murdered** in DFV-related incidents in New South Wales: 14 women, 11 children and 8 men. Three-quarters of the women were murdered by an intimate partner. Despite an initial fall in the years after the COVID-19 pandemic, the rate of DFV-related murders is back at the same level it was during the pandemic.¹¹
- The number of **intimidation, stalking and harassment** incidents reported by NSW Police increased by almost 14 per cent over the past two years, and **breaches of Apprehended Violence Orders (AVOs)** increased by almost 13 per cent. The number of these offences has been growing faster than population growth since the COVID-19 pandemic, consistent with the trend in recorded DFV-related assaults.¹² Similar trends are seen in the number of AVOs commenced, which increased by over 10 per cent per cent in the last two years.¹³
- Across Australia, levels of **technology-facilitated abuse** appear to be increasing rapidly, including online sexual harassment, stalking, partner violence and image-based sexual abuse.¹⁴ Much of this abuse is targeted at women and it can accompany other forms of DFV.

Reported rates of DFV are much higher in regional and rural parts of New South Wales than in metropolitan areas. Overall, recorded rates of DFV-related assaults are about 70 per cent higher in regional New South Wales compared to Greater Sydney (measured per 100,000 population), and have been growing faster.¹⁵ In more remote parts of the state, assault rates are as high as 3.5 times the statewide average. DFV services and other essential supports can be much harder to access in regional and remote areas, especially where people need to travel long distances.

⁹ NSW Bureau of Crime Statistics and Research (2025), Domestic Violence Statistics, June 2025.

¹⁰ NSW Bureau of Crime Statistics and Research (2025), Domestic violence, Available: <https://bocsar.nsw.gov.au/topic-areas/domestic-violence.html>

¹¹ NSW Bureau of Crime Statistics and Research (2025), Domestic violence related murder in NSW, June 2025, Available: https://bocsar.nsw.gov.au/documents/topic-areas/murder/DV_Murder_Infographic.pdf

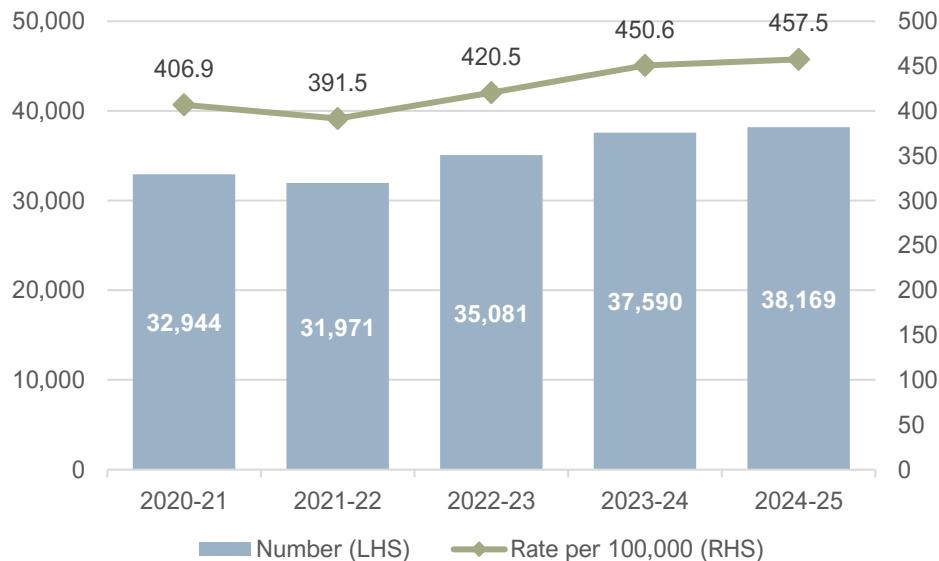
¹² NSW Bureau of Crime Statistics and Research (2025), Domestic Violence Statistics, June 2025.

¹³ NSW Bureau of Crime Statistics and Research (2025), Apprehended Violence Orders Statistics, June 2025, Available: https://bocsar.nsw.gov.au/content/dam/dcj/bocsar/documents/topic-areas/domestic-violence/External_AVO_Tables.xlsx

¹⁴ Australia's National Research Organisation for Women's Safety (2022), Technology-facilitated abuse: Extent, nature and responses in the Australian community, Available: <https://www.anrows.org.au/project/technology-facilitated-abuse-extent-nature-and-responses-in-the-australian-community/>

¹⁵ NSW Bureau of Crime Statistics and Research (2025), Domestic Violence Assault Regional Comparison Tool, March 2025, Available: <https://bocsar.nsw.gov.au/topic-areas/domestic-violence.html>

Figure 5: Number and rate of DFV-related assaults recorded by NSW Police



Source: NSW Bureau of Crime Statistics and Research (2025), Domestic Violence Statistics, June 2025.

Increasing numbers of victim-survivors are seeking help from services

Available data shows significant increases in the number of victim-survivors of DFV reaching out to key services for help and support:

- **Specialist Homelessness Services:** A third of people seeking help from Specialist Homelessness Services in New South Wales are doing so because of DFV – a total of more than 8,400 people in March 2025. This is more than 8 per cent more than a year prior and the highest monthly figure recorded in over eight years of official data.¹⁶
- **Legal services:** In 2023-24, the number of clients supported by Women's Domestic Violence Court Advocacy Services in New South Wales increased by 17 per cent, to over 64,000 clients.¹⁷ In addition, calls to Legal Aid NSW's domestic violence hotline increased by 36 per cent, and duty lawyer services increased by 61 per cent, in the two years to 2024.¹⁸
- **Victim support payments:** In 2023-24, DFV-related applications to the NSW Government's victim support scheme increased by 9 per cent, with over half of all applications to the scheme related to DFV.¹⁹

As discussed later in the report, services often lack enough capacity to meet these increases in demand.

¹⁶ Australian Institute of Health and Welfare (2025), Specialist Homelessness Services: Monthly data, Available: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/data>.

¹⁷ NSW Legal Aid (2024), *Annual Report 2023-24*, p. 79.

¹⁸ Legal Aid NSW (2024), “We don't turn anyone away”: Demand for domestic violence legal aid grows amid epidemic”, Media release, 23 April, Available: <https://www.legalaid.nsw.gov.au/about-us/news/media-releases/demand-for-dv-legal-aid-grows-amid-epidemic>

¹⁹ NSW Department of Communities and Justice annual reports, 2022-23 and 2023-24.

Why are more people reporting DFV?

Many instances of DFV are not reported, with surveys suggesting that only about 60 per cent of instances of physical DFV are reported to police.²⁰ While it is unclear whether underlying levels of DFV are increasing, a range of factors have made victim-survivors more likely to report violence – and to reach out to services for help. The most significant are declining housing affordability and improved community awareness.

Declining housing affordability

Shortages of affordable accommodation, rising rents and an increase in evictions since the COVID-19 pandemic have led to a major deterioration in the economic security of many victim-survivors – meaning that many are unable to find a place to live, or are at heightened risk of homelessness if they experience job loss or are unable to afford rental increases. The challenges are exacerbated by the undersupply of public and community housing across New South Wales, with long and growing waitlists – even for people deemed to be in high-priority need of housing.²¹ Victim-survivors with specific mobility or disability-related needs may find it even harder to secure appropriate social housing.

These challenges are making it harder for victim-survivors to escape violence and are likely leading to escalating levels of harm. Growing numbers of victim-survivors face a choice between violence and poverty, with about 60 per cent of mothers who left an abusive relationship having insufficient earnings to support themselves and their children.²² As a result, economic necessity is driving many victim-survivors to return to live with their perpetrator or choosing not to leave in the first place.

Improved community awareness and attitudes

Community awareness of DFV and what it can look like has been increasing, underpinned by greater media coverage of DFV-related murders and the awareness campaign that accompanied the introduction of new laws that make coercive control a criminal offence in New South Wales from July 2024. Evaluations suggest that half the state's population now have some understanding of coercive control because of this campaign.²³ It is possible that reforms in 2024 to increase penalties for breaches of AVOs may have also contributed to increase reporting of violence.

This improved awareness has coincided with changing community attitudes towards women's roles in society, gender equality and the unacceptability of violence²⁴ – which can reduce the stigma associated with speaking out about DFV. These developments are likely to be contributing to growing numbers of victim-survivors reaching out to police and support services.

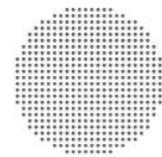
²⁰ NSW Bureau of Crime Statistics and Research (2023), Domestic and Family Violence trends in NSW, July 2010 to June 2022: update, Available: <https://bocsar.nsw.gov.au/research-evaluations/2023/bb167-summary-dfv-trends-nsw.html>

²¹ NSW Department of Communities and Justice (2025), Social housing waiting list data, Available: <https://dcj.nsw.gov.au/about-us/families-and-communities-statistics/social-housing-waiting-list-data.html>

²² Summers, A. (2022), *The Choice: Violence or Poverty*, University of Technology Sydney.

²³ NSW Department of Communities and Justice (2025), *Coercive control campaign report*, Available: <https://dcj.nsw.gov.au/documents/children-and-families/family-domestic-and-sexual-violence/police-legal-help-and-the-law/coercive-control-campaign-summary.pdf>

²⁴ Australian Institute of Health and Welfare (2025), Community attitudes, Available: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/community-understanding-and-attitudes/community-attitudes>; Australia's National Research Organisation for Women's Safety (2023), "Attitudes matter: Overall Australians attitudes towards violence against women have improved, but there is still a long way to go", Available: <https://www.anrows.org.au/media-releases/attitudes-matter-ncas21-media-release/>



EQUITY ECONOMICS

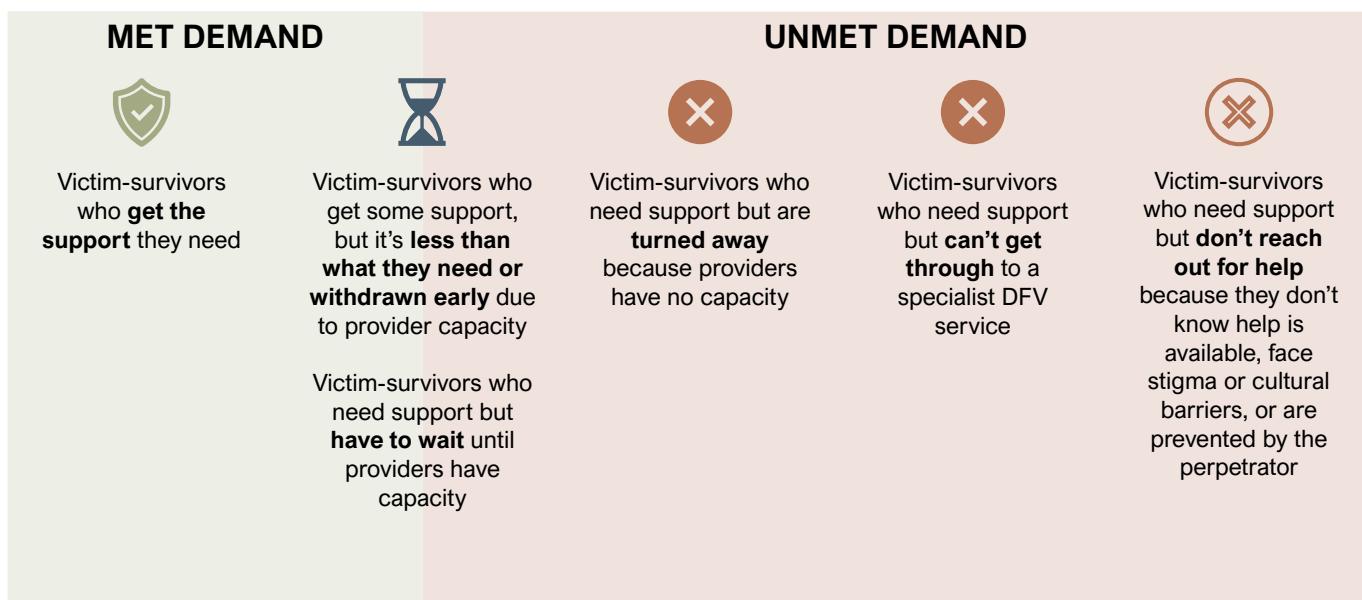


Measuring unmet demand

This report provides new data and insights on the unmet demand pressures facing case management and case coordination services provided by the specialist DFV sector.

Essentially, unmet demand arises when a victim-survivor needs services but is unable to obtain the level of support they require – or unable to obtain any support at all (see Figure 6). While some victim-survivors can find a service provider (either directly or by being referred through another organisation) many cannot, or service providers do not have the capacity to deliver the support that is needed when it is needed.

Figure 6: Types of unmet demand



In this report, we have quantified met and unmet demand for case management and case coordination across a sample of specialist DFV service providers (see the Appendix for the methodology). We have not quantified levels of need among victim-survivors who do not reach out for help because this population is hard-to-reach or obtain reliable data on.

This research sought to obtain data on unmet demand pressures from up to 15 specialist DFV services. However, only 8 services were able to respond to bespoke surveys, and only 12 were able to participate in an interview. Services' participation was limited by the available time and resources for this research, as well as by the significant capacity constraints facing the sector.

Even so, the sample provides a snapshot of the sector and the unmet demand crisis in New South Wales. The services span a variety of organisation sizes and regional footprints, collectively operating across more than 20 sites covering metropolitan and regional New South Wales. Some focus exclusively on case management and case coordination, while others provide a broader range of services (such as refuges and legal services). Some of the services focus on specific client groups, such as First Nations victim-survivors or temporary visa holders, while others have a broader client mix. Most of the services rely on NSW Government funding, but some deliver programs with little or no government funding.

The measures used in this report are inspired by, and build on, previous research. This includes evidence from Specialist Homelessness Services which shows that:

- Each day, 6 victim-survivors of DFV are turned away in New South Wales (on average) because homelessness services do not have enough capacity.²⁵
- Many victim-survivors cannot even get through to a homelessness provider, with 4 in 10 homelessness services nationally having to close their door at least once in a two-week period to people seeking help, including women and children fleeing violence.²⁶

In addition, pivotal work in Victoria over the past several years on unmet demand for specialist DFV services has found that:

- Agencies are consistently providing services above their targets.
- Case managers are having to prioritise clients with the highest risk levels, meaning others have to wait – which can mean their risk then increases. Almost a fifth of services with some kind of ‘waitlist’ reported that victim-survivors may have to wait up to 30 days to be assigned to case management.
- Some services do not have enough staff, contributing to burnout, higher attrition rates, and hindering the ability to deliver services.
- Services are not always receiving adequate government funding to match increased demand, with pressures on services exacerbated by the ongoing housing and cost-of-living crises, combined with increasing complexity in client needs and frictions in the broader service system.²⁷

²⁵ Australian Institute of Health and Welfare (2025), Specialist Homelessness Services Annual Report 2023-24.

²⁶ Impact Economics and Policy (2024), *Call unanswered: Unmet demand for specialist homelessness services*.

²⁷ Safe and Equal (2025), *Measuring specialist family violence service demand and capacity*; Safe and Equal (2023), *Measuring family violence service demand and capacity*.

Demand for DFV services is outstripping capacity

New data in this report reveal that demand for specialist DFV case management and case coordination has been growing sharply, but service providers' capacity to deliver these vital services has not. With many services already operating at (or beyond) capacity, unmet demand means an increasing number of victim-survivors are unable to access the specialist help and support they need to escape violence, remain safe and get their lives back on track.

Case workers are unable to assist growing numbers of referrals

Across the sample of eight specialist DFV services who provided data for this research:²⁸

- **New client referrals for case management and case coordination have increased substantially.** Over the year to July 2025, the services collectively saw a 22 per cent increase in new referrals (measured by comparing one-month periods a year apart). The biggest increases have been in clients self-referring to the services (up 42 per cent). There was also a material increase in referrals from other specialist DFV services (up 24 per cent), which indicates that many services may be looking to other providers to assist clients they lack the capacity to support themselves.
- **The number of clients the services are able to support has barely changed.** In a one-month period, the services were able to collectively support just over 1,100 clients, which is only marginally higher (6 per cent higher) than a year ago. Some services saw client numbers increase, while others have seen a slight reduction in the number of clients they are able to support due to reductions in staffing and/or case work becoming increasingly complex (discussed further below).
- **The workforce has not grown.** Across the services there were just under 35 full-time-equivalent (FTE) staff delivering case management and/or case coordination in July 2025. This is 12 per cent lower than a year ago, when there were almost 40 FTE staff across the services. While some of the services have been able to expand their workforces over the past year, most have not. Several have smaller workforces because of funding cuts or difficulty replacing staff who have left.
- **Two in three new referrals (63 per cent) in need of case management or case coordination could not be assigned to a case worker immediately.** This was measured over a two-week period (from Monday 21 July to Sunday 3 August 2025). Many of these referrals were from groups with heightened risks or needs, with almost two-thirds presenting with dependent children and one-fifth being First Nations clients (see Table 2). Alarmingly, almost one in six (15 per cent) required urgent assistance but service providers did not have the capacity to provide it. All eight services had unassigned referrals in one or more of the groups listed in Table 2 in at least one week.
- **About half of the services experienced significant periods of time when they were unable to answer the phone** during their normal operating hours because of inadequate resourcing. Across these four services, phones were unable to be answered for a total of 79 hours over the fortnight, equivalent to 17 per cent of normal operating hours. In addition, six services said they were unable to respond to emails or social media messages on the same day, and four had to temporarily shut their front door to walk-ins, at some point over the two-week period.

²⁸ Percentages are calculated based on the share of providers reporting data. For example, growth rate calculations exclude services who were unable to provide historical data.

Table 2: Participating services' incoming referrals who could not be assigned to a case worker immediately, by group, over a two-week period

Group	Share of unassigned referrals	Proportion of services with unassigned clients in at least one of the two weeks
Presented with dependent children	48	60%
Migrant and refugee backgrounds	18	23%
First Nations	16	20%
Required urgent assistance (within 1 day)	12	15%
Still in relationship with perpetrator	12	15%
Unaccompanied children or young people	4	5%
Older women	4	5%
Disability	3	4%
LGBTIQ+	2	3%

Note: Some referrals have more than one of these characteristics.

These findings reinforce previous data released by Domestic Violence NSW which revealed that specialist DFV services saw demand nearly double (a 94 per cent increase) over the year to March 2024, with victim-survivors facing an average of 2 months waiting time to access critical support and some services reporting waitlists with as many as 180 people on them.²⁹

Services are adapting to meet urgent client needs

Specialist DFV services are going to extraordinary lengths to help victim-survivors escape harm, even when they lack the capacity to provide the level of support that is needed. The services in this research are deploying a range of measures to cope with growing levels of demand.

Putting people on waitlists

Six of the eight services who provided data for this research have a form of 'waitlist' or 'active hold', which means they provide limited forms of support to clients (e.g. basic information, safety assessments and regular check-ins) until they are able to be assigned to a case worker for case management or case coordination.

Across these six services, more than one in four new referrals (28 per cent) had to be placed on the waitlist, measured over a two-week period. While the services could collectively assign 21 clients from their waitlists to a case worker, there were a further 36 new clients who had to be added to the waitlists – meaning a net increase of 15 clients in just two weeks.

In the past year, the number of victim-survivors who had to wait has doubled. Two of the services now having average waiting times that exceed 28 days.

²⁹ Domestic Violence NSW (2025), "New data reveals NSW domestic violence services at breaking point: soaring demand and lengthy wait times", Available: https://cdn.prod.website-files.com/678ccdd65b30c4649ea6f652/6809b3148b5c17bff99da2f5_MEDIA%20RELEASE%20New%20data%20reveals%20NSW%20domestic%20violence%20services%20at%20breaking%20point.pdf

Referring people somewhere else

Across the eight services, more than one in five new referrals (22 per cent) had to be referred to another service provider, measured over a two-week period. This could be another specialist DFV provider operating in the area with greater capacity to take on new clients or could be a different kind of service (e.g. court advocacy or family support services) if it can meet at least some of the client's needs.

As noted earlier, there has been a significant increase in referrals between specialist DFV services, with the number of incoming clients referred from another specialist service increasing by 24 per cent over the last year. However, services also spoke to the growing difficulties they are facing in finding other services with capacity to take on new clients, especially in regional and rural areas (discussed further below).

Offering interim or shorter-term supports

While some services maintain formal waitlists and others do not, all of the services in this research described ways of offering at least some support to victim-survivors when a case worker cannot be assigned immediately. This often involves adapting service models or finding creative interim solutions to support clients until a case worker becomes available, the client is referred to another service, or the service loses contact with the client.

For example, services reported:

- Conducting an initial risk assessment, developing a basic safety plan, providing information and referrals, and checking in regularly to see if the person's situation had changed. Some services also contact other agencies to see if they have capacity. Some services describe this support as case coordination, while others do not.
- Referring clients to agencies with greater capacity, such as other services with specialist DFV capabilities or workers.
- Enrolling clients in other available programs (e.g. workshops or group sessions, homelessness services or family support services) offered by the same organisation, which may address some needs of the person and/or dependent children and allow the service to monitor their situation and risks of violence. This was more common in larger and more diverse organisations which offer a range of programs.

“Something is always better than nothing – we don’t want to give them nothing.”

“We have a number of integrated programs, across DFV support, safe houses and counselling. We do what we can for every referred client. We don’t maintain a waitlist as we believe this sends a negative message to women seeking help.”

“Looking just at a waitlist will not provide the full story as the organisation is often providing more assistance.”



CASE STUDY

Priya* is a single mother with a two-year-old daughter who was living with her brother and sister-in-law after experiencing domestic and family violence. Priya left in a hurry, bringing only her daughter and a few bags. She presented to our service seeking help with securing independent, secure housing. Drop-in staff provided immediate support with Priya's housing application and bond loan requirements.

A referral was also made to the Staying Home Leaving Violence (SHLV) program for specialised support. Although the referral was accepted, high service demand and workforce capacity pressures meant that Priya had to wait about two weeks to be allocated to a case worker. During this time, the drop-in workers had to maintain regular contact with Priya to ensure continuity of support and monitor risks to her safety.

Fortunately, Priya was able to secure housing and longer-term DFV support, helped by her resilience and determination to prioritise her daughter's safety. However, the delay in receiving case management support led to Priya experiencing high anxiety and heightened emotions, easily feeling overwhelmed.

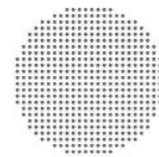
** Name has been changed.*

Case work is becoming more complex and taking longer

The services who participated in this research also report increasing complexity in the case work they do. This means the amount of time clients require case management or case coordination for is becoming longer, further reducing services' capacity to assign new clients to their case workers. This has several drivers, as explained below.

Declining housing affordability and rising living costs are creating major pressures

Shortages of affordable housing, increases in rental evictions and rising costs of living are significant drivers of demand for specialist DFV services, as noted earlier. These factors are also making it increasingly difficult for case workers to support their clients. The services report that growing numbers of victim-survivors are unable to secure short-term or longer-term accommodation, forcing them to remain with or return to perpetrators. This can mean case management continues for longer than planned or that clients come back to services after their support has ended, especially if their housing situation has changed (e.g. due to unaffordable rent increases, evictions or an inability to secure appropriate social housing). Limited housing options also create bottlenecks for moving clients out of crisis services and make it harder for victim-survivors to stay at home and have the perpetrator removed.



EQUITY ECONOMICS



“Insecure housing means we have clients who have to remain living with their perpetrator for over a year. This is causing a backlog for us. The client is staying with the perpetrator and isn’t able to move on. We then have to work intensively to keep the woman safe in a really unsafe environment.”

“The housing issues add another layer to the advocacy work we have to do. We are not freed up to help someone else. If the client and her and children were housed somewhere else (and the perpetrator is in jail) the risks would have really changed for the family and we would move on.”

“When it’s housing, it’s excruciatingly hard. Financial desperation from a lack of housing and employment is when women go back to the perpetrator.”

CASE STUDY

Jane* is a mother who resides with her six children and has received death threats from her ex-partner, with whom she has an AVO in place. She was also receiving threats of harm from other members of their community, orchestrated by her ex-partner. People came to her home damaging her property and frightening her children. Jane was fearful about reporting these matters to police due to escalation of behaviours from the ex-partner, community members and negative experiences with reporting to police in the past. Jane has been reluctant to report breaches of the AVO to police due to fear of repercussions from the ex-partner and community. She was worried for her and her family's safety at her current property.

Jane sought help from our specialist DFV service. We completed safety upgrades at the government housing she lives in, but during our involvement it became apparent that the family was living in unsatisfactory and unsafe conditions, with ongoing water leak issues which were affecting the lighting and electrics. We advocated for the conditions at the current home to be fixed but have been informed major works to the property are required and the family cannot be in the home for this to occur.

Jane has been receiving case management support for eight months. It took a couple of months for the case worker to build trust and rapport with Jane and her children. In addition to housing-related safety upgrades and advocacy, the case worker has provided significant amounts of emotional support to Jane. The case worker has also assisted with organising furniture items for the home which the family did not have, linking the family to health services as they did not have a GP, and have been trying to assist the family engaging with a child and family support service.

* Name has been changed.

Increasing complexity means longer case lengths

The services in this research report that they are seeing more clients presenting with increasingly complex needs. Many of these clients require support from other types of services, which are poorly designed, difficult to secure a place in or simply not meeting clients' needs.

For example, services are working with many victim-survivors of DFV who are also experiencing financial hardship, mental health challenges, substance use, child protection concerns, or homelessness. Many require sustained, ongoing support and may re-enter crisis due to factors such as renewed perpetrator contact, housing loss, or unemployment. However, these services are not always available locally or providers do not have capacity, and so the work of helping clients with unaddressed needs falls back on the specialist DFV case worker.

As a result, some clients remain engaged with specialist DFV services for more than two months before their support can conclude. Repeat presentations are common. The growing complexity of case work has, in turn, reduced the number of clients that some services are able to support at any given time.

"We are seeing really complex clients with mental health, drug and alcohol, and DFV issues. They really struggle because the drug and alcohol services say they can't detox until their mental health has stabilised. The mental health services say they can't provide support until their drug or alcohol problem is under control."

"In terms of complexity, we are receiving more referrals from women who have been subjected to violence their whole lives. Older women. This is probably because they feel they can finally speak out about what they have experienced and are finally getting the support they need."

"I've just been spending time in a remote area doing outreach. This takes up a lot of our time. Many First Nations people have a very high distrust of government and services. They have been let down too many times."

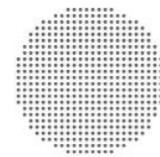
CASE STUDY

Hoa* is a single woman on a temporary partner visa. At the time that Hoa is referred to our service, she is staying in temporary accommodation arranged by Link2Home for seven nights. The night before that, she had slept in her car. In this instance, Link2Home is steadfast in their policy that does not allow extensions of temporary accommodation for people on temporary visas.

The service practitioner calls 18 services seeking crisis accommodation – cancelling all her appointments with other clients and calling until her voice is hoarse. The answer is no at every turn, either because there are no vacancies or because Hoa isn't eligible – as a single woman, as someone on a temporary visa, or because she has no income.

At the last minute, a friend takes Hoa in. But Hoa isn't comfortable staying on the couch with her friend's boyfriend coming and going. So after three nights she





EQUITY ECONOMICS



returns to live with the perpetrator, where she remains. The service continues to support Hoa with safety planning and to access workers compensation payments which she is awaiting.

* Name has been changed.

Services report that case work complexity can be particularly high for certain client groups:

- **Children and young people:** Services report seeing many children and young people who have complex needs (including but not limited to children who present with their mother). This increases the workload on case workers as they liaise with other services to provide support for children. Many services we spoke to are not funded to provide specialised case work to support children, with several pointing to the need for more specialist children's workers to be funded across the sector.
- **Refugees and temporary visa holders:** These clients are often excluded from mainstream supports (e.g. Medicare, childcare subsidies, most Centrelink payments, and access to refuges), which increases the risks of harm they face while making it more difficult for DFV case workers to support them. While some payments or services may technically be available, they can be difficult for these clients to access and usually require significant advocacy from case workers. However, helping clients to navigate discriminatory mainstream systems can be highly resource intensive for specialist DFV services, with the challenges often compounded by cultural and language barriers, settlement difficulties, and the trauma of refugee experiences.

CASE STUDY

Claudia* recently arrived in Australia with her partner and young daughter. She was on a bridging visa. She reached out to our service after leaving her partner who was abusing her physically, verbally and financially, and was neglecting his parenting duties.

After reporting the violence to the police and securing an Apprehended Violence Order against the perpetrator, Claudia had nowhere to go. As a temporary visa holder, she was not eligible for income support from Centrelink and was turned away from refuges who were unable to accept clients without permanent residency. She was also prevented from enrolling in a TAFE course to learn English because she was not eligible for the program and was unable to obtain subsidised childcare.

Language barriers and the complexity of navigating other services meant that Claudia required twice as much case worker time as other clients. She needed help to understand emails about her application for permanent residency and the Special Benefit through Centrelink. The Translation and Interpreting Service offered support but a lot of time was spent navigating call drop-outs and repeating often complex information to new interpreters. Claudia was under significant stress, unable to focus on her other goals while her immigration status was being resolved.

With her case worker's support, Claudia eventually secured permanent residency, which allowed her to apply for income support, social housing and subsidised childcare. She was also able to enrol in the TAFE course, which should help her to find employment and achieve greater independence.

Our service provided a significant level of support to Claudia through case work and accommodation. We were able to find another service which was able to accommodate her for a month until we had a vacancy to accommodate her in our refuge. We also provided brokerage for food, clothing and medical expenses. None of this support was underpinned by government funding – but without our help, Claudia and her young daughter would have had to either return to the perpetrator or be homeless.

** Name has been changed.*

- **First Nations victim-survivors:** Services are seeing significant challenges faced by many First Nations victim-survivors, with significant levels of DFV often going unreported because people do not trust police and government services to keep them and their children safe. Low levels of trust are exacerbated by historical and intergenerational traumas, and by a lack of culturally safe and compassionate support from many mainstream services. Some DFV services report having to undertake significant levels of outreach work, including community visits, before victim-survivors are comfortable accepting support from a case worker.
- **Older women and women with mobility issues or disability:** Supporting these women can also be complex because their support needs are not always provided for in mainstream systems. Some older women have long-term unaddressed trauma. A lack of accessible health and housing services often presents barriers for women with mobility issues and/or disability.



CASE STUDY

Shanti* is 64 and is experiencing the compounding impact of leaving a violent relationship some years ago. Shanti moved in with her son. His family situation is very stressed due to his son (Shanti's grandson) falling into the wrong crowd and developing a drug habit. The grandson has been physically violent and pushed Shanti in his frenzy to obtain money to feed his habit. Her grandson was charged and taken to court for assaulting her, and Shanti felt terrible because she didn't want her grandson to get into trouble. She wanted someone to help her through the court process but was not successful.

Shanti does not know where to go for help. She is unable to access any support because her savings (i.e. money from the divorce) meant she did not qualify. However, her savings are insufficient for her to manage her living expenses beyond two years. She is very stressed about this and does not know how she will manage after that.

Shanti has tried calling the Ageing and Disability Commission only to be told that she does not qualify for support as she is under their age criteria. She tried

getting housing support but was told her savings meant they couldn't help her. She reached out to a sexual assault service near her, only to be told that as she did not get counselling from them, they can't support her.

** Name has been changed.*

Services are spending more time navigating a fragmented support system

Specialist DFV case workers spend a large amount of time advocating for clients, completing applications, arranging interim supports, and coordinating across multiple service providers and government agencies such as housing, income support and the National Disability Insurance Scheme. The services we spoke to told us of their frustrations with a fragmented broader support system. Key challenges included:

- Clients being bounced around between multiple providers to obtain the support they need, especially when specialist DFV services do not have funding to provide key services (such as counselling) or there are few available providers in the region.
- Victim-survivors being made to re-tell their story multiple times to different people – an experience which can re-traumatise them and discourage them from taking up available supports. Several services singled out the application process for the Escaping Violence Payment (now known as the Leaving Violence Payment) as being unnecessarily onerous.
- Inappropriate and trauma-insensitive responses of police and courts, with victim-survivors' allegations and concerns not always taken seriously or handled in a compassionate manner.
- Case workers having to contact multiple service providers and advocate vigorously to secure access to supports for their clients, especially when they required accommodation or mental health supports.

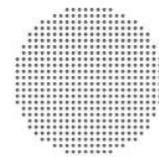
The fragmentation and inefficiencies in the broader system harms clients and inevitably increases case workers' workloads. Case workers often have to protect their clients from re-traumatising systems – and despite their best efforts, there are limits to what they can achieve. A fragmented service landscape is also resulting in many victim-survivors being unable to access the support they need – putting them at ongoing risk of harm – and contributing to high levels of burnout among case workers (discussed below).

These findings are consistent with recent Victorian research finding that underinvestment in social housing, funding shortages and low levels of information-sharing and awareness between homelessness services and specialist DFV services mean many women and children are being 'bounced' between services without receiving an adequate response to homelessness or DFV.³⁰

"We have to do lots of paperwork and advocacy for our clients. Paperwork, applications, phone calls – really vigorous advocacy. It almost feels like pestering. And success is only case by case."

"It feels like our clients are being gaslighted. 'There are all these services out there, just call this number' – but they are not able to actually get the support they need. A lot of it is housing."

³⁰ Council to Homeless Persons and Safe and Equal (2025), *Bridging the gap between homelessness and family violence services*.



EQUITY ECONOMICS



“It’s a fragmented system. A doesn’t talk to B. One worker said to me that ‘dealing with the police is like banging my head on the wall’.”



CASE STUDY

Monica* is an Aboriginal woman aged in her 30s who has spent the last three years escaping domestic violence. She was referred to our service for case management and legal support by an Aboriginal Health Service. Monica had just moved back to the area from a different region where she was experiencing physical, emotional and financial abuse. She was in crisis, unable to secure temporary accommodation and having no family or friends to rely on. Forced to put her trust in strangers, Monica was terrified.

The health service had been able to provide limited assistance to Monica, supporting her with the cost of three nights of accommodation and referring her to temporary accommodation providers in the region. However, one day we received a phone call from Monica who was at one of the provider’s offices, in crisis. We arrived to find her and all her belongings in the provider’s reception area, with no staff at the reception and no assistance being provided.

We took Monica back to our office to make phone calls to the health service and to contact accommodation providers to understand the available options. The health service told us that the accommodation provider was meant to be finding suitable accommodation for her. The fact that the client was just placed on the phone to call our service herself, instead of a support worker reaching out to support her, meant that our staff had to spend longer trying to assist Monica and find out what was happening.

Although we had finally managed to find emergency accommodation for Monica by 4pm, the accommodation was above a pub which was hardly appropriate for a woman who had endured severe domestic violence. The crisis continued for a further four days, with constant delays and pushbacks from service providers and Monica not knowing if she would be safe at night. Although like many regional towns we face a severe shortage of emergency and temporary accommodation, the challenges were made even worse by poor communication and coordination between services.

** Name has been changed.*

The consequences of unmet demand

Unmet demand for specialist DFV case coordination and case management has harmful consequences for newly referred victim-survivors, existing clients, staff and the broader community.

Impacts on new referrals

Long waiting times for specialist DFV case management and case coordination – and difficulty even getting through to service providers – can have significant impacts on victim-survivors. The risks are particularly high when the experience of being unable to obtain support discourages victim-survivors from seeking help in future, or when victim-survivors have to put themselves at risk to make contact with services (e.g. when a perpetrator is monitoring their location or access to a phone). This has direct implications for victim-survivors' safety, with many unwilling or unable to seek help from police or other services when in crisis.

Difficulty accessing support is putting people at risk of more violence.

Impacts on existing clients

The services in this research are doing what they can to support their existing clients in the face of growing numbers of new referrals. Some reported that high caseloads can make it difficult for case workers to respond to their existing clients' urgent needs in a timely manner. Others said they have had to contemplate reducing the level of support provided to existing case-managed clients in order to free up case workers for new referrals. In one service, case workers are focused on just delivering case plans and safety plans before exiting clients, allowing the service to extend help to more people.

When case workers are stretched and not always immediately available to support their existing clients, there can be devastating consequences. For example, if a client faces elevated risks because the perpetrator has attempted to find them, being unable to access support from their case worker can leave the client at significant risk of harm.

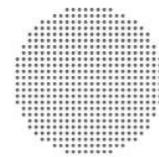
"We will do case plans and safety planning with a client, then might have to exit. Support is being pared back so more people can be helped."

"Sometimes we will reduce the case management or case coordination available for a client. We have started a group program for clients who are transitioning out of one-on-one case management. We will continue to support the client through the group program and then the case manager is freed up to take on a new client."

CASE STUDY

Belinda* has lived through 30 years of domestic and emotional abuse. Although separated from the perpetrator and living in a rental property under her name, the perpetrator continues to exert control, often staying there, refusing to sign the lease, and contributing sporadically to rent. Combined with lingering tax debts this has left Belinda trapped in a cycle of financial strain and fear.





The perpetrator also uses intimidation, verbal threats, and manipulative behaviour to maintain power. At times, he showers her with attention, only to follow with verbal abuse or threats, a pattern she now recognises as part of the cycle. Despite attempts to set boundaries, Belinda has often felt ashamed and powerless, citing a desire to protect her children and a lack of alternatives as reasons for staying. The financial abuse has become a major barrier to leaving.

Belinda works hard to provide stability in the home for her children. However, these efforts are constantly undermined by the perpetrator's coercion and control, leaving her without a solid foundation to build on. Belinda can experience periods of relative stability but her life can spiral into crisis within minutes or hours due to a sudden escalation in threats, intimidation, or financial sabotage.

This volatility demands flexible and responsive support, but unfortunately services are often not resourced to respond quickly enough when risk levels shift abruptly. Limited capacity and coverage at our service means it can be days before Belinda's case manager or counsellor is on shift and available to support her. Other staff will always try to step in and assist, but they are also working at or over capacity as well. This reality leaves gaps in support at critical moments and increases the risk of harm to both clients and workers.

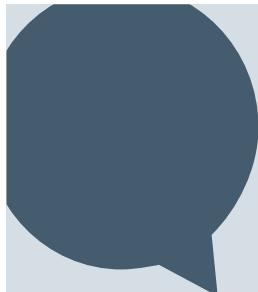
** Name has been changed.*

Impacts on staff

Specialist DFV case management and case coordination can be challenging and psychologically intensive for case workers, leaving them at high risk of burnout and emotional and psychological exhaustion. There are also physical and safety risks for case workers when perpetrators are seeking to control or find clients, or when they are required to spend significant amounts of time travelling (as can often be the case in regional and rural areas).

The services we interviewed spoke very highly of their case workers, praising their dedication to helping victim-survivors, with many case workers going above and beyond their job descriptions. However, many managers were also concerned about the health, safety and wellbeing impacts of the work. We heard several examples of staff burning out due to overwork, or being worn down by not being able to provide all the support that every client needs. High levels of unmet demand and large caseloads (as services seek to support as many people in need as they can) are making the challenges for staff even worse, leaving many at breaking point.

All the services are acutely focused on supporting staff wellbeing, such as by providing supervision, flexible work and generous leave arrangements. However, without adequate funding to support these initiatives or to address the unmet demand crisis, services are limited in what they can do. It is no surprise that many services struggle to find suitably qualified staff or replace them when they leave.



“Staff will burn themselves out trying to do things that are out of scope and above their control. They want the best for their clients and will bend over backwards to give it a shot.”

“Some of our newer staff have a lot of experience in the NGO sector. But when you’re at the coalface in DV it’s different. People over commit and sometimes I have to send them home so they are not working too much. The work really wears them down.”

“There is a high rate of burnout. What our case workers struggle with most is feeling that they are not making a difference and they are feeling hopeless. This is demotivating. We take the wellbeing of our staff very seriously and they are a fantastic workforce trying to make a difference to women’s and children’s lives – but also in a lot of cases we see a fantastic case worker leave because they cannot handle it anymore.”

Impacts on government and the economy

There are significant costs to the economy when victim-survivors cannot access the support they need to stay safe, escape violence and recover. DFV costs the NSW economy almost \$8 billion a year, including costs to the health, justice and social services systems; lower productivity and absences from work; and the economic costs of pain, suffering and premature mortality (see Table 3).

Table 3: Annual economic costs of violence against women and their children in New South Wales³¹

Type of cost	\$ million in 2025
Pain, suffering and premature mortality	\$3,739
Costs to the health system	\$503
Costs to the justice system	\$395
Costs to community services	\$216
Lower productivity and absences from work	\$683
Fewer economies of scale in households	\$1,582
Impacts on children	\$120
Transfer costs e.g. welfare payments	\$575
Total	\$7,814

Source: *Equity Economics modelling based on KPMG (2016), The cost of violence against women and their children in Australia.*

Recent research has revealed that women who experienced violence in the last five years are 5 percentage points less likely to be employed than women who did not experience violence. Younger women who experience violence are also 15 per cent less likely to attain a university degree.³²

The costs to victim-survivors – as well as the broader costs to general government services and the economy – are much higher when they are unable to access specialist DFV services.

³¹ National estimates have been apportioned to NSW based on the reported total cost to NSW as a share of the national total. Original estimates for 2015-16 have been updated to 2025 dollars using the Consumer Price Index.

³² Summers, A. (2022), *The cost of domestic violence*, University of Technology Sydney.

Services are delivering well above what they are funded to do

Although specialist DFV services provide vital trauma-informed and culturally responsive support for victim-survivors, their core government funding has failed to keep pace with growth in demand.

Core funding is inadequate

The NSW Government committed about \$38 million in core funding in 2024-25 for the three main case management and case coordination programs delivered by specialist DFV services.³³ This is a subset of the \$204 million in total funding for the sector, which also includes funding for specialist women's homelessness services and refuges, court advocacy services and men's behaviour change programs.³⁴

The NSW Government announced some new funding for DFV initiatives in recent budgets, including to expand existing programs to new areas. For example:

- In the 2025-26 budget, the government announced \$272.7 million over 4 years for domestic and family violence services and \$226.8 million over 5 years to support victim-survivors to navigate the justice system.³⁵ However, most of the announced funding appears to have been allocated to existing government services or for services outside the specialist DFV sector.
- In the 2024-25 budget, the government announced a \$245.6 million 'emergency package' of measures to enhance supports for victim-survivors of DFV.³⁶ This package included some additional funding for specialist DFV services, including to expand the existing Staying Home Leaving Violence and Integrated Domestic and Family Violence Service programs to new areas. However, this funding only covers a four-year period and is set to expire after 2027-28.

Although this funding will make some improvement to the level of support victim-survivors can access, it did not include new core funding for *existing* specialist DFV services. Domestic Violence NSW and other peak bodies in the social services sector have been calling for a 50 per cent ongoing increase in core funding for services, to help address the major gaps in capacity across the state.³⁷ An uplift in core funding is needed in light of growing levels of demand and rising costs, and to allow the sector to pay decent wages to staff and invest in their wellbeing and professional development. Additional funding is also required to cover costs associated with implementing government reforms such as the Common

³³ The Staying Home Leaving Violence, Integrated Domestic and Family Violence Services and Specialist Workers for Children and Young People programs.

³⁴ Domestic Violence NSW (2025), *We can end the violence: Domestic Violence NSW Pre-Budget Submission 2025-26*.

³⁵ NSW Government (2025), NSW Budget, Budget Paper No. 01; Al-Khouri, C. (2025), "The winners and losers in the 2025/26 NSW Budget", ABC News, Available: <https://www.abc.net.au/news/2025-06-24/nsw-budget-winners-and-losers-2025-26/105448262>

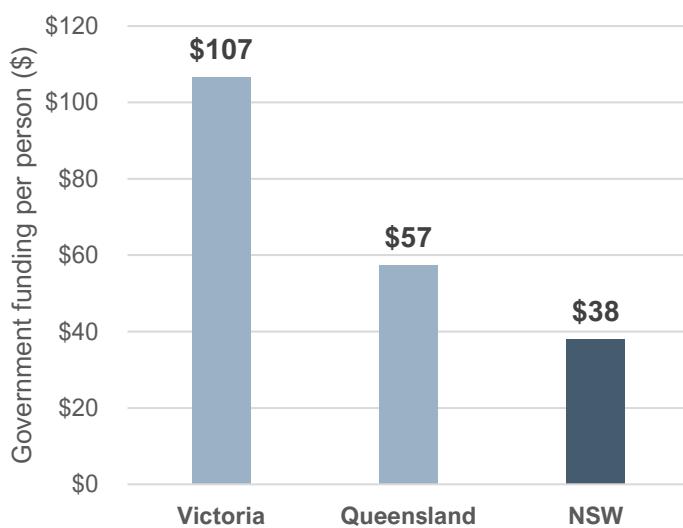
³⁶ NSW Minister for the Prevention of Domestic Violence and Sexual Assault (2024), "Support for victim-survivors of domestic and family violence", Available: <https://www.nsw.gov.au/media-releases/support-for-victim-survivors-of-domestic-and-family-violence>

³⁷ Domestic Violence NSW (2025), "NSW peaks unite to urge government investment in domestic violence services baseline funding", Available: <https://cdn.prod.website-files.com/678ccdd65b30c4649ea6f652/683e21d1743719045e4697d2 MEDIA%20RELEASE%20Community%20services%20sector%20joins%20call%20for%20DFV%20funding%20in%20NSW%20Budget.pdf>

Approach to Risk Assessment and Safety (CARAS) and the new ten-year NSW Domestic and Family Violence Sector Workforce Development Strategy.³⁸

It is clear that New South Wales is lagging far behind other jurisdictions when it comes to DFV funding. On a per-person basis, the NSW Government spends just \$38 per person on DFV services and programs, which is just over a third of what the Victorian Government spends (\$107 per person) and about two-thirds the level of Queensland (\$57 per person) (see Figure 7). Similarly, NSW is the lowest spending jurisdiction on Specialist Homelessness Services, spending just \$39 per person, which is a quarter lower than the national average (\$53) and half the level of Victoria (\$76).³⁹

Figure 7: State government funding for DFV services and programs, 2024-25



Source: *Impact Economics and Policy, in Domestic Violence NSW (2025), We can end the violence: Domestic Violence NSW Pre-Budget Submission 2025-26.*

Services are doing significant amounts of unfunded work

All services we spoke to reported that the government funding they receive is not sufficient to provide the level of support that victim-survivors need or to meet the demand pressures they under. Many are delivering well above the key performance indicator (KPI) targets in their contracts, such as the number of clients supported. This work comes at significant cost. In addition, many services are facing rising costs such as providing safety upgrades and helping clients meet urgent expenses, with brokerage funding often not enough to cover these expenses. Services are also seeing higher insurance and workers' compensation premiums (which for some community services in New South Wales have increased by up to 60 per cent⁴⁰).

One service said they were working with eight times as many clients as they were funded for.

³⁸ NSW Government (2025), *Strengthening the NSW Domestic and Family Violence Sector: Workforce Development Strategy 2025-2035*.

³⁹ Domestic Violence NSW (2025), *We can end the violence: Domestic Violence NSW Pre-Budget Submission 2025-26*.

⁴⁰ NSW Council of Social Service (2025), *Submission to the Inquiry on proposed changes to liability and entitlement for psychological injury in New South Wales*, Available:

The support services that are provided to clients before a case worker becomes available is also straining DFV sector resources. While some funding arrangements allow services to redirect a portion of their allocation towards intake or interim support, it takes resources away from case management and case coordination. The intake and interim support work is also not explicitly recognised in KPI targets. Many of the group programs and other supports offered to clients on waitlists are not government funded.

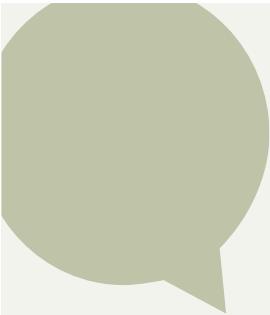
With government funding falling short of demand, services are increasingly turning to fundraising and ad hoc grants (e.g. from local government) to sustain operations and meet client needs. However, the process of continually applying for grants can consume vital staff time. As a result, some services said that seeking grants and donations is not worth the cost.

 ***"We are running at 120 per cent in every service across the sector. People are putting in far more than they are supposed to, our KPIs are well over what we are asked to report on, but the expectation from government is that we should do more for less. It's not sustainable in the long run."***

"We have to be dynamic. Staff members and their friends are helping to raise donations and food. Some of our activities are staying afloat just because of this."

Regional and rural services face additional challenges

The regional and rural services who participated in this research face additional pressures that mean limited funding must stretch even further. Greater distances translate into higher time and travel costs for both case workers and clients. While some services use virtual or hybrid models to support clients, this is not always feasible – particularly where a physical visit is needed for safety assessments or the installation of security measures. Victim-survivors in regional and rural areas also have fewer services available to them, putting great pressure on case workers to find appropriate supports that they can refer clients to. Further, brokerage expenses are often much higher in regional and rural areas, such as the cost of tradespeople to install security features at clients' properties. In other cases, the support available may have little impact – for example, a \$50 fuel voucher may not go far when people have to travel long distances to access services or escape the perpetrator, or if they do not have car.

 ***"Helping clients with complex needs is a big challenge in regional areas. There are not enough wrap-around supports out there for clients' complexities. We are left holding more of the complexity than we would like to."***

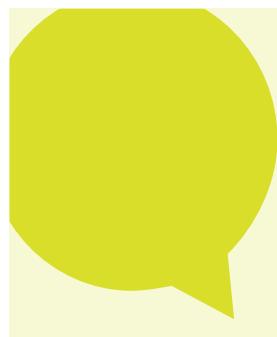
"We have to do lots of travel which we are not funded for. We get some funding for vehicles, but travel time is not included. Our brokerage costs are not adjusted for regional location. There are limited public transport options for clients and if we give them a \$50 fuel card, it will not get them very far."

Long-term underinvestment in prevention and early intervention, and in recovery services

Much of the NSW Government's funding and policy response for DFV is focused on response and crisis services, reflecting the urgent need for these services in the face of high levels of demand and escalating rates of violence across the state, as discussed earlier. However, less investment has been put into prevention and early intervention, with some services in this research telling us they undertake prevention and community education work but do not receive any government funding for this.

With sustained investment over multiple years, prevention and early intervention can stop DFV from occurring or escalating, thereby reducing the social costs of violence over the longer term. DVNSW has been advocating for the NSW Government to provide an additional \$62 million to support implementation of its Strategy for the Prevention of Domestic, Family and Sexual Violence, in concert with greater investment in frontline DFV services.⁴¹

Several services also pointed to the lack of funding for longer-term recovery for victim-survivors – even though these services offer clear benefits to clients. Without appropriate support to heal and recover, victim-survivors can struggle to get their lives back on track and may face further exposure to DFV. Some of the services are seeing many previous clients re-enter response and crisis programs, with data for the two-week period showing that 13 per cent of incoming referrals to the services were from previous clients.



"A lot of women who reach out to us are from the 'missing majority' – people who didn't get help when they were in crisis or didn't qualify for help. People are not getting the cycle-breaking help."

"I saw one woman with a partner who goes on ice benders and has firearms on the property. She is approaching police and they are doing nothing. A lot of agencies only want to do things as a response, once another woman dies."



CASE STUDY

Zara* is a single mother who experienced domestic violence. Following extensive family court proceedings that concluded three years ago, Zara was granted full custody with no contact orders in place for the father. Despite the legal resolution, Zara continues to implement safety strategies to protect herself and her daughter. She reports ongoing hypervigilance when leaving her home and continues therapeutic work addressing trauma triggers and safety concerns.

Zara received notice to vacate her private rental property. At the time, she was receiving Parenting Payment Single and Family Tax Benefits while completing a Certificate in Community Services with aspirations of employment in the sector. Despite persistent efforts submitting numerous rental applications over several weeks, Zara faced consistent rejections. The mounting stress and

⁴¹ Domestic Violence NSW (2025), *We can end the violence: Domestic Violence NSW Pre-Budget Submission 2025-26*.

uncertainty began impacting her usual coping abilities, with previously manageable tasks becoming overwhelming challenges.

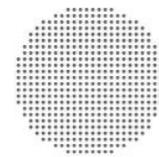
Zara's situation was complicated by several factors, including her study commitments, limited savings due to family court costs, her child being diagnosed with autism (requiring consistent routines and specialised support), a limited family support network, and ongoing safety concerns.

Through participation in recovery programs and case management at our service, Zara received immediate counselling, assistance with rental searches and applications, and brokerage. As a result, she successfully secured alternative private rental accommodation one week before her lease expiry, avoiding the need for emergency refuge accommodation. This preserved her daughter's routine and educational stability while maintaining necessary safety measures. Eventually, Zara completed her certification. She is now actively seeking employment and reports increased confidence in managing life challenges and trauma triggers.

However, the recovery programs and case management that were vital to Zara's success were not funded by government.

** Name has been changed.*





Recommendations

The findings in this report provide clear evidence that specialist DFV services in New South Wales are facing very high levels of demand for case management and case coordination that they are unable to meet, which is stretching them beyond capacity. The NSW Government needs to act to alleviate these pressures and ensure that victim-survivors of DFV who are reaching out for help and support are able to receive it. Table 4 sets out our recommendations.

Table 4: Recommendations for the NSW Government

Issue	Recommendation
Core funding	Urgently increase core government funding for specialist DFV services delivering case management and case coordination. Funding should be linked to projections of future demand so that services' capacity does not fall further behind the growth in demand.
Funding for interim supports	Provide specific funding for the interim and shorter-term supports that services provide clients when case workers are not immediately available.
Brokerage	Increase funding for brokerage, so that services have the resources to assist clients with safety upgrades and other supports necessary for them to stay safe.
Higher service delivery costs	Ensure services have adequate funding to cover the higher costs of operating in regional and rural areas and for working with groups with complex needs (including temporary visa holders, First Nations clients and clients with disability).
Other vital supports	Adequately fund other vital supports and services used by victim-survivors, including social housing, homelessness, mental health and substance abuse services – and ensure that temporary visa holders are eligible to access these services.
Coordination between services	Improve referral, information-sharing and coordination processes between specialist DFV services and other systems (including the justice, health and housing systems) so that clients are not bounced around between services when they seek help and so they do not have to re-tell their story over and over. These improvements should be backed by increased resourcing and build on existing infrastructure to support place-based approaches.
Workforce	Invest in the specialist DFV workforce, including by ensuring services have adequate funding to attract and retain experienced workers, train and develop employees, expand the workforce, and provide resources to facilitate sustainable caseloads with appropriate health and wellbeing support for workers.
Prevention and early intervention	Ensure evidence-based prevention and early intervention services have adequate long-term funding. This includes further investment in tackling the stigma associated with seeking help for DFV and ensuring culturally responsive support is available before violence escalates – especially for cohorts at heightened risk such as First Nations, migrant and refugee women. Investing in prevention and early intervention can lower the incidence and costs of DFV to the community in the longer term and reduce demand on the response and crisis sector. However, additional investment should not be used to justify under-resourcing of response and crisis services today or in the medium-term.
Recovery services	Invest in long-term recovery services to help victim-survivors heal and recover after exiting response and crisis services, and to reduce the likelihood they will re-enter crisis in the future.

Appendix

About the research

In July and August 2025, Equity Economics engaged directly with selected providers of specialist DFV services to understand the demand pressures they are currently facing and the impacts this is having on victim-survivors, staff and organisations. Using surveys and interviews, we collected new data and evidence that has not previously existed for the DFV sector. This includes detailed data on service delivery outcomes over a specific two-week period (21 July to 1 August 2025).

A total of 8 service providers participated in the surveys and 12 services participated in interviews and/or provided deidentified case studies for this report. This sample is small but provides a snapshot of the sector, including services of varying sizes, services operating in metropolitan and regional parts of the New South Wales, and services delivering government-funded and unfunded programs (with two of the services not receiving any NSW Government funding).

Services' participation was limited by the available time and resources for this research, as well as by the significant capacity constraints facing the sector. Other services who had expressed interest in participating were unable to do so because of the significant workloads faced by their staff.

Initial survey questionnaire

Section 1: About your service

- 1. What is the name of your organisation/site? [Short text box]**
- 2. Which types of specialist domestic and family violence services does your organisation/site deliver? (Select all that apply)**
 - Case management
 - Case coordination
 - Accommodation
 - Counselling
 - Legal assistance
 - Other (please specify): _____

Please respond to the rest of the survey in relation to **non-residential case management and case coordination only** (excluding any accommodation programs or Women's Domestic and Family Violence Court Advocacy programs you may deliver).
- 3. How many physical service locations are you responding on behalf of? [Select: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more]**
- 4. Which Local Government Areas (LGAs) do you cover? [Checklist – select all that apply]**
- 5. How do you deliver your case management and/or case coordination services? (Select all that apply)**
 - Centre-based
 - Outreach
 - Virtual / phone-based

- Other (please specify): _____

6. Does your service target specific client groups? If so, please give a short description (e.g. unaccompanied young people, First Nations, LGBTIQ+, migrant and refugee backgrounds, women with disability) [Short text box]

Section 2: Case management and coordination capacity

7. How many full-time equivalent (FTE) staff at your organisation support clients in need of non-residential case management or case coordination?

Please include case managers and case coordinators, as well as other staff who may support these clients e.g. triage, intake or support workers.

When	Number of FTE
Now	
One year ago	

8. How many clients are receiving non-residential case management or case coordination? (e.g. have an active/open support period)

When	Number of clients
Now	
One year ago	

9. Do you use a waitlist or 'active hold' system? [Yes / No]

10. Please provide a brief description of what happens when clients are referred in and need case management or case coordination but your organisation is at capacity and cannot provide it straight away. What kind of support are you able to provide for these clients? [Free text]

11. If you use a waitlist or active hold – How many clients are on the waitlist/active hold?

When	Number of clients on waitlist/active hold
Now	
One year ago	

12. If you use a waitlist or active hold – What is the average waiting time for clients on the waitlist or active hold to be assigned to a case worker for case management or case coordination?

Now	One year ago
Not applicable	Not applicable
1-3 days	1-3 days
4-7 days	4-7 days
8-14 days	8-14 days
15-21 days	15-21 days
22-27 days	22-27 days
28 days or more	28 days or more

Section 3: Client flow and demand patterns

13. How many incoming client referrals did you receive over the last month from:

Source	Number now
Central referral functions (i.e. external to your organisation/site) e.g. NSW Domestic Violence Line, DCJ Community Service Centres, Link2home	
General or non-specialist service providers (e.g. health and homelessness sectors)	
Police	
Other specialist DFV providers (that are not included above)	
Self-referrals	
Other (please specify) _____	
Total	

14. One year ago, how many incoming client referrals did you receive over a one-month period from:

Source	Number one year ago
Central referral functions (i.e. external to your organisation/site) e.g. NSW Domestic Violence Line, DCJ Community Service Centres, Link2home	
General or non-specialist service providers (e.g. health and homelessness sectors)	
Police	
Other specialist DFV providers (that are not included above)	
Self-referrals	
Other (please specify) _____	
Total	

15. How many non-residential case management or coordination support periods were completed in the last month?

When	Number of support periods
Now	
One year ago	

16. Across these support periods, how many unique clients were there? (if available)

By unique clients, we mean you should count each client once even if they had multiple support periods.

When	Number of unique clients (if available)
Now	
One year ago	

17. What was the average length of these support periods? [Select an option]

Now	One year ago
1-3 days	1-3 days
4-7 days	4-7 days
8-14 days	8-14 days
15-21 days	15-21 days
22-27 days	22-27 days
1-2 months	1-2 months
More than 2 months	More than 2 months

17. Do you have any further comments on unmet demand pressures? [Free text]

Weekly survey questionnaire

1. What is the name of your organisation/site? [Short text box]

Section 1: Client flows in the last week

2. Over the last week, how many clients were referred to your organisation/site who required non-residential case management or coordination?

Please include incoming referrals from all sources (e.g. self-referrals, referrals from other organisations, and re-referrals of previous clients) and record clients based on what happened upon referral, even if their status has changed by the end of the week.

Category	Number of referrals
Total number of incoming client referrals	
<i>Of which, upon referral:</i>	
Assigned to a case worker for case management or case coordination	
Put on waitlist or active hold (including clients waiting for intake)	
Referred elsewhere, due to lack of capacity	
Turned away (referral declined), due to lack of capacity	
Other (please describe) _____	

3. Of the total incoming referrals in question 2, how many were re-referrals of previous clients (if known)? [Short text box]

4. Of the total incoming referrals in question 2 who were not assigned to case worker upon referral, how many were in each of the following categories?

Client group	Number of clients who could not be assigned upon referral
required urgent assistance (within 1 day)	
still in relationship with perpetrator	
presented with dependent children	
unaccompanied children or young people	
older women	
First Nations	
LGBTIQ+	
migrant and refugee backgrounds	
Disability	

Note: An individual client may fall into more than one category.

5. If your organisation/site has a waitlist or active hold function – how many clients were moved off the waitlist or active hold during the week to be assigned to a case worker for case management or case coordination?

Please include any clients who were placed on the waitlist earlier in the week.

Number: [Short text box]

Section 2: Types of service provision

6. Of the total incoming referrals in question 2 who were not assigned to case worker upon referral, how many did your organisation provide some kind of interim or limited support to during the week?

For example, this might include providing information as part of a triage function, or checking in with clients who are on a waitlist.

Number: [Short text box]

7. Now thinking about all the clients who received non-residential case management or case coordination during the week – how many had their support reduced or withdrawn early because your organisation did not have capacity to continue providing support?

For example, clients with an active support period who had their support period ended during the week because the organisation did not have funding to continue providing support, or needed to free up case workers to assist clients with more immediate needs.

Number: [Short text box]

Section 3: Resourcing gaps

8. In a typical week (Monday to Sunday), how many hours is your service intended to be available for enquiries, referrals, phone calls, etc?

(For example, if the service was available for 8 hours a day over each of the 7 days, enter 56 hours)

Number: [Short text box]

The following questions relate to periods during the week when you were unable to process inquiries, referrals, etc during the normal hours because of resourcing.

9. Were there periods during the past week when you were unable to answer the phone because of resourcing? (Yes / No / Do not have central phone line)

10. If yes – approximately how many hours across the week were you unable to answer the phone?

- Up to 1 hour
- 1-2 hours
- 3-5 hours
- 6-9 hours
- 10-14 hours
- 15-19 hours
- 20 or more hours

11. Were there other contact points (e.g. emails, social media messages) received during the past week from people seeking assistance that you were not able to read or respond to on the same day, because of resourcing? (Yes / No / Not applicable)

12. If yes – approximately how many emails or social media messages did you receive during the week but were unable to read or respond to on the same day?

- Less than 5
- 5-9
- 10-14
- 15-19
- 20 or more

13. Were there any periods during the week when you closed the front entrance at a service location because of resourcing? (Yes / No / Do not have front entrance)

14. If yes – for how long did you have to close the front entrance (in total over the week)?

- Up to 1 hour
- 1-2 hours
- 3-5 hours
- 6-9 hours
- 10-14 hours
- 15-19 hours
- 20 or more hours

Section 4: Further insights

15. Do you have any further information you'd like to share? (E.g. about the demand pressures you faced over the last week or the types of clients who couldn't be assisted straight away?) [Free text]