



**The Domestic and Family Violence  
Prevention Strategy - Review of  
the Third Action Plan**

Department of the Premier and  
Cabinet

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# Glossary

<b>Acronym</b>	<b>Full name</b>
ABS	Australian Bureau of Statistics
ALGQ	Association of Local Governments Queensland
ANROWS	Australia's National Research Organisation for Women's Safety
AIHW	Australian Institute of Health and Welfare
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
CALD	Culturally and linguistically diverse
CIP	Courts Innovation Program
CJG	Community Justice Group
CRASF	Common Risk and Safety Framework
DAE	Deloitte Access Economics
DCHDE	Department of Communities, Housing and Digital Economy
DCYJMA	Department of Children, Youth Justice and Multicultural Affairs
DESBT	Department of Employment, Small Business and Training
DFSVEG	Domestic and Family and Sexual Violence Executive Group
DFVP	Disrupting Family Violence Program
DFV	Domestic and family violence
DJAG	Department of Justice and Attorney-General
DOE	Department of Education
DPC	Department of the Premier and Cabinet
DSDSATSIP	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
DVO	Domestic Violence Order
DVPC	Domestic Violence Prevention Centre Gold Coast Inc
DVPM	DFV Prevention Month
FAP	Flexible Assistance Packages
FIFO	Fly-in, fly-out
FVWG	Family Violence Working Group
HRT	High-Risk Team
HSC	Housing Service Centre
ISR	Integrated Service Response
LGAQ	Local Government Association of Queensland
LGBTQI+	Lesbian, gay, bisexual, transgender, intersex or queer
LOTE	Language other than English
LTC	Local Thriving Communities
MDVEIP	Men's Domestic Violence Education and Intervention Program
NDIS	National Disability Insurance Scheme
PPN	Police Protection Notice



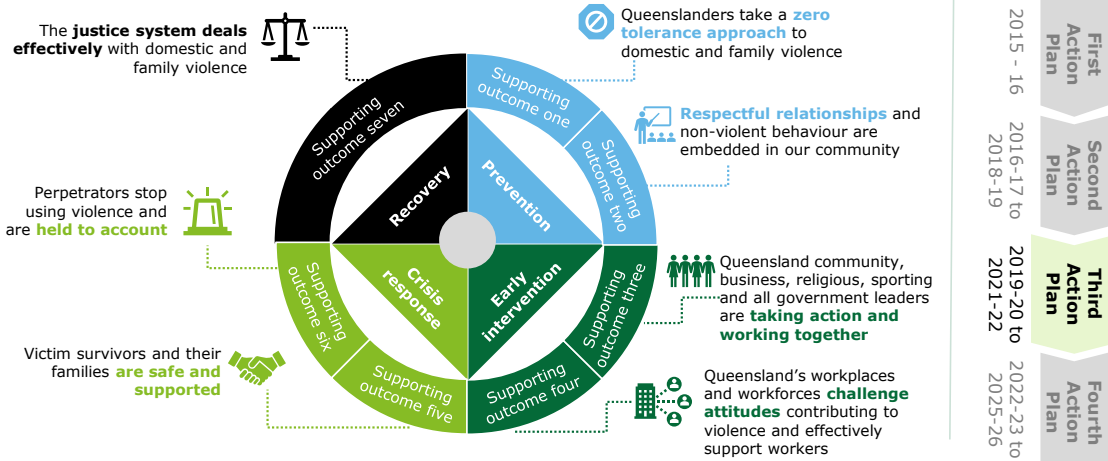
<b>Acronym</b>	<b>Full name</b>
PSC	Public Service Commission
QCS	Queensland Corrective Services
QHIP	Queensland Homelessness Information Platform
QIFVLS	Queensland Indigenous Family Violence Legal Service
QGSO	Queensland Government Statisticians Office
QH	Queensland Health
QPS	Queensland Police Service
QSS	Queensland Social Survey
QT	Queensland Treasury
RRE	Respectful Relationships Education
RREP	Respectful Relationships Education Program
RRR	Recognise, Respond, Refer
SDFVC	Southport Specialist Domestic and Family Violence Court
SEQ	South-East Queensland
SOS	School Opinion Survey
SQW	Skilling Queenslanders for Work
TPO	Temporary Protection Order
UNSW	University of New South Wales
WGEA	Workplace Gender Equality Agency
WfQ	Working for Queensland
WRA	White Ribbon Accreditation

# Key findings

## Review of the Third Action Plan

The Third Action Plan under the Domestic and Family Violence Prevention Strategy ("The Strategy") was implemented over the period July 2019 to June 2022. This Review assesses the implementation and outcomes of actions under the Third Action Plan.

### The Queensland Government Domestic and Family Violence Prevention Strategy 2016 to 2026

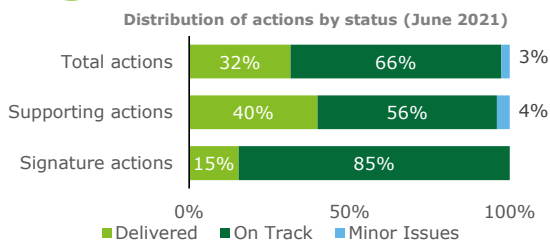


## Process evaluation

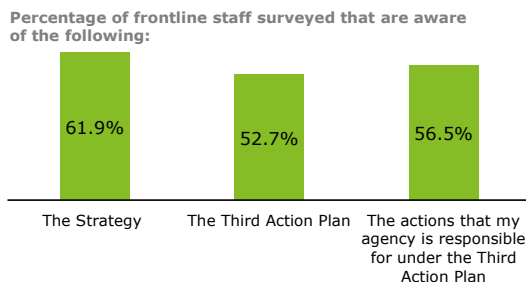
**Fidelity.** The extent to which The Strategy was implemented as intended and considers both the quantity and quality of delivery.

38

**Actions as part of the Third Action Plan.** 13 Signature actions and 25 supporting actions.



There are **mixed levels of awareness of the Third Action Plan among frontline staff.** This indicates scope to raise awareness of the DFV strategy and its action plans.



**Implementation.** Enablers and barriers associated with the implementation of the Third Action Plan.

### Enablers of implementation

- Place-based and co-design approach towards implementation
- Establishment of a specialist DFV workforce to support frontline service delivery response
- Collaboration across implementing agencies
- Leadership commitment

### Barriers of implementation

- COVID-19 pandemic
- Workforce capability and capacity issues
- Limited data sharing between agencies
- Insufficient resources

## Outcome evaluation



**Foundational element one.** A significant shift in community attitudes and behaviours.

### S01: Queenslanders take a zero tolerance approach to DFV



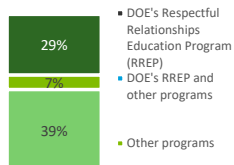
At least **nine in ten** Queenslanders are able to recognise different forms of DFV-related behaviours. However:

- Queenslanders more likely to perceive physical actions as forms of DFV in comparison to non-physical forms
- Women more likely than men to perceive non-physical DFV as DFV

### S02: Respectful relationships and non-violent behaviour are embedded in our community

All state schools deliver respectful relationships education either through the delivery of the Australian Curriculum and/or pastoral care programs and most schools embed respectful relationships within their school community.

Percentage of schools that implement respectful relationships education programs



### S03: Queensland community, business and government leaders take action and work together

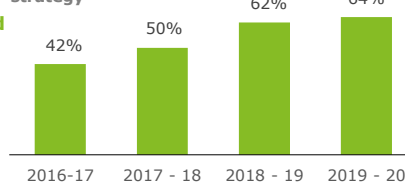


**Evidence of improvements in community leadership against DFV.** Mayors of all 77 local governments have made commitments to target DFV. Further, engagement with DFV initiatives by the community has remained stable since 2017.

### S04: Workplaces challenge attitudes contributing to violence and effectively support workers

Queensland workplaces show an **improved commitment and capacity** to respond to DFV in the workplace. However, there is still room for improvement in small businesses.

Percentage of Queensland businesses that have a workplace DFV policy and/or strategy

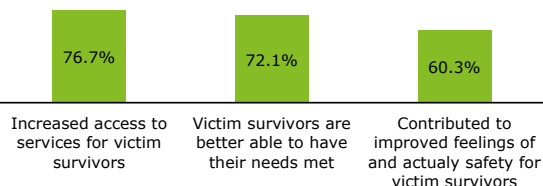


**Foundational element two.** An integrated response system that delivers the services and support that victims and perpetrators need

### S05: Victims and their families are safe and supported.

Most frontline staff agree that the actions delivered under the Third Action Plan have contributed to **improved outcomes for victims of DFV.**

Percentage of frontline staff that agree that the Third Action Plan has had the following impacts:



HRTs have demonstrated improved effectiveness in integrating services and responding appropriately to victim survivor needs in a timely manner. Moving forward, ISR can be strengthened through:

- Additional resourcing** to address high levels of work burden for HRTs
- More culturally appropriate services**, particularly for Aboriginal and Torres Strait Islander peoples and people from CALD backgrounds.
- More targeted supports for young people** who are exposed to DFV
- Expansion of housing supports**, particularly in remote areas



**Foundational element three.** The justice system response will be strengthened to prioritise victim safety and hold perpetrators to account

### S06: Perpetrators stop using violence and are held to account

This review finds that current **capacity of existing behaviour change programs is insufficient** to meet existing demand.

There has been no change in the number of perpetrator prevention programs delivered throughout Queensland over the past two years.

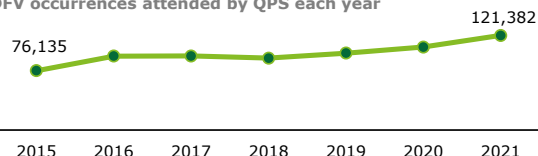
This is evidenced by long waiting lists to attend behaviour change programs.

However, the **implementation of new service requirements** for perpetrator interventions (DJAG's Perpetrator Intervention Service Requirements) is expected to promote greater consistency in quality outcomes for victims and perpetrators

### S07: The justice system deals effectively with DFV

This review finds that there is evidence of a greater use of justice system supports, as well as increased justice system capacity to respond to growing need.

DFV occurrences attended by QPS each year



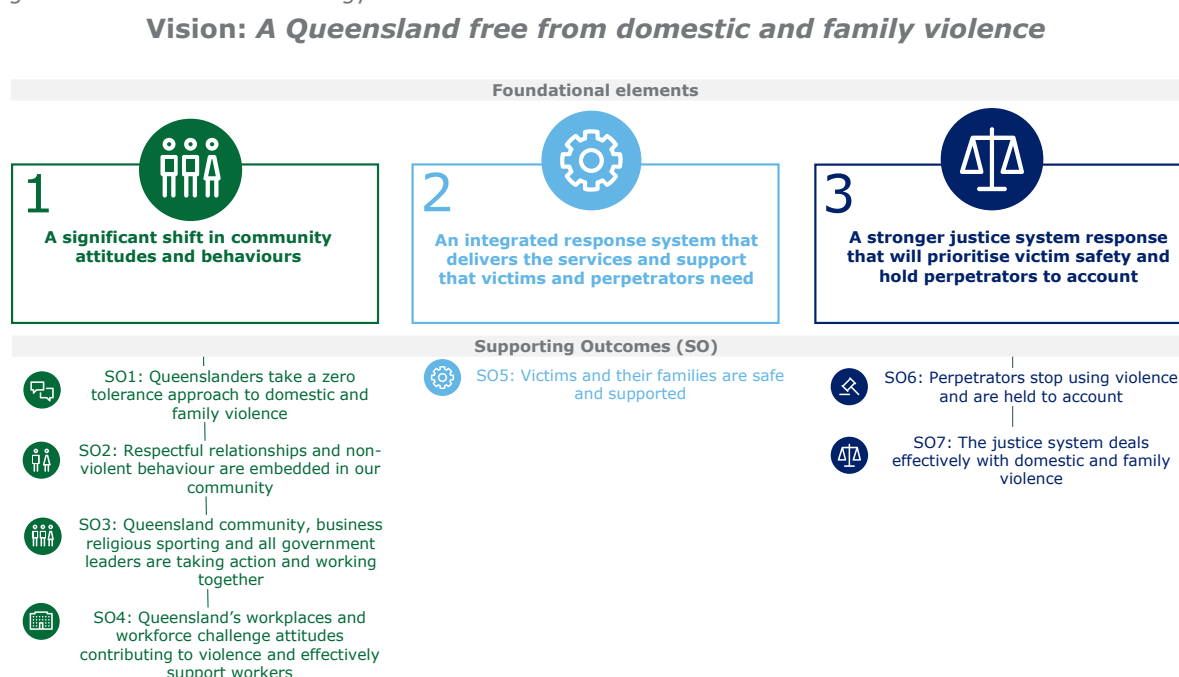
However, there is evidence that **intervention orders issued by courts are declining**, in part, due to capacity constraints of current behaviour change programs.

# Executive Summary

## Introduction

The Domestic and Family Violence Prevention Strategy (2016-2026) (“The Strategy”) arose from the Queensland Government and special taskforce on domestic and family violence (DFV), which produced 140 recommendations in its report titled ‘Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland’ (2015) (the “Not Now, Not Ever” Report). The Strategy is an ambitious and complex reform involving 11 implementing agencies<sup>1</sup> and has been supported by over \$600 million since 2015 for DFV services, programs and strategies. The Strategy comprises seven supporting outcomes across three foundational elements, as show in Figure i.

Figure i Overview of the Strategy



The outcomes articulated in The Strategy will be delivered through a series of four action plans to maintain flexibility around service delivery, as well as to adapt to and build on achievements and lessons from prior action plans. The First Action Plan was developed alongside The Strategy, which guided the Queensland Government’s response through to 30 June 2016. The Second Action Plan took place over a three-year period from 2016-17 to 2018-19, and the Third Action Plan has taken place over the three years from 2019-20 to 2021-22. The final action plan (the Fourth Action Plan) will cover a four-year period of 2022-23 to 2025-26.

Deloitte Access Economics was engaged by the Department of the Premier and Cabinet (DPC) to support the implementation of the Evaluation Framework for The Strategy (the Evaluation Framework).

<sup>1</sup> These agencies include Department of the Premier and Cabinet, Department of Children, Youth Justice and Multicultural Affairs, Department of Communities, Housing and Digital Economy, Department of Education, Department of Employment, Small Business and Training, Department of Justice and Attorney-General, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, Public Service Commission, Queensland Corrective Services, QH and Queensland Police Service.

### The Third Action Plan

This report focuses on the delivery of the Third Action Plan. It builds on the significant work delivered under the First and Second Action Plans. The Third Action Plan (July 2019 to June 2022) outlines clear actions for the government and community to implement and deliver positive change in DFV support and perpetration in Queensland.

The Third Action Plan includes 13 signature actions. These signature actions are key features of this next stage of the reform and respond to lessons learnt to date about the most effective strategies to eliminate DFV. There are also a total of 25 supporting actions, which are activities to embed work already commenced under The Strategy. These are intended to drive continual progress toward the vision of a Queensland free from DFV.

### This report

This report summarises findings from the Review of the implementation of the Third Action Plan (the "Review"). It comprises two parts: a process evaluation and an outcome evaluation.

The process evaluation has been designed by Deloitte Access Economics, as it was not included in the Evaluation Framework. It was considered important to understand what has worked in the implementation of The Strategy to date to provide learnings in terms of process and implementation to support delivery of the final part of The Strategy – the Fourth Action Plan.

The outcome evaluation considers the impact of the Third Action Plan across the domains of effectiveness and relevance, efficiency, equity and impact. There are seven evaluation questions within the effectiveness domain, each representing a different supporting outcome.

### Approach

This report draws on primary data collection (interviews, survey and focus groups), secondary data collection (flagship evaluation data, implementing agency Annual Scorecard data and other documents and secondary data collected by individual implementing agencies) and case studies.

### Process

#### Fidelity

This report has provided evidence of the Queensland Government's progress to date in progressing the implementation of the 13 signatures and 25 supporting actions within the Third Action Plan. As of June 2021, most actions have been delivered or are on track for delivery, with 32% of actions delivered and 66% of actions on track to be delivered.

#### Implementation enablers

There were four commonly cited enablers, which supported the implementation of the Third Action Plan:

- **Place-based approaches** ensured that the design and implementation of initiatives/activities were tailored to meet the needs of specific groups and communities. The CJG DFV Enhancement Program case study (see Appendix K) highlights examples of how extensive community outreach and direct community involvement supported the delivery of supports to communities in an area.
- The establishment of **specialist DFV workforces** within individual implementing agencies, which improved frontline workers' access to specialist skills to support the implementation of DFV-related strategies and initiatives.
- **Collaboration across implementing agencies** through formal and informal arrangements. The development of relevant resources has also helped to build a more consistent shared understanding of what best practice looks like, although it is acknowledged that the current level of understanding may differ among different agencies and locations.
- **Leadership commitment across all levels** drove the implementation of actions.

#### Implementation barriers

However, this Review identified four barriers that have impacted implementation:

- There was **insufficient staffing and financial resources** across selected agencies prevented implementing agencies and nongovernment organisations from delivering actions at the

intended scale. It is important to note that this does not apply to all agencies – some implementing agencies perceived the funding received to be sufficient and appropriate.

- **Workforce capability and capacity issues** limited the availability of appropriately skilled workers, and there were also challenges associated with high workload.
- The lack of a consistent information-sharing system and inconsistent understanding of relevant legislation / best practice guidance impacted the **level of information sharing among implementing agencies**.
- The implementation of the Third Action Plan took place during a period of substantive disruptions due to the **COVID-19 pandemic**. While several frontline agencies implemented innovative responses to disruptions, such as the delivery of services through virtual modes, evidence from this Review indicates that the COVID-19 pandemic has impacted the rollout of specific actions that involved direct engagement with marginalised communities and affected the timeliness of frontline service responses to both victim survivors and perpetrators.

## Outcomes

### Foundational Element 1: A significant shift in community attitudes and behaviours

Changing behaviours takes time and requires changes in knowledge and then attitudes. A range of initiatives have been undertaken within and by organisations to increase understanding and knowledge of DFV and support attitude changes. Schools, workplaces, and communities play an important role in both raising understanding of domestic and family violence and challenging and changing attitudes.

At a **population** level, recognition of different forms and perceived seriousness of DFV have mostly remained stable since 2017, with at least nine in 10 Queenslanders being able to recognise different types of DFV-related behaviours. Furthermore, there are some signs of positive progress in terms of Queenslanders' willingness to take action in response to observed DFV incidents – for example, a higher proportion of Queenslanders are increasingly willing to take action if they become aware of nonphysical DFV involving their neighbours. Notwithstanding this, Queenslanders remain more likely to perceive physical actions, threats, and intimidations as forms of DFV in comparison to nonphysical forms, such as psychological abuse, harassment, and financial control. Furthermore, while there is wide support across the community for respectful relationship to be taught to children, the Queensland community is also less inclined to agree on the role of gender inequality and gender biases as drivers of DFV.

Across **schools**, there remains a strong commitment to implementing respectful relationships education – a primary prevention strategy to impact student attitude and behaviour change to prevent gender-based violence. All schools offer respectful relationships education as part of the Australian Curriculum. Additionally, the proportion of schools, which implement the DOE's Respectful Relationships Education Program (a program that complements the curriculum) has also increased. Apart from this program, schools also implement other externally developed respectful relationships education programs.

There also appears to be improved commitment toward cultural change in government and nongovernment **workplaces**. This is evidenced by an increasing number of government workplaces providing DFV training, and an increasing number of private businesses establishing DFV policies and strategies to support their staff. Some local governments are actively engaging in DFV events and communities of practice to general cultural change at a local level. Despite these improvements, there remains scope for more businesses (particularly smaller-sized companies) to implement DFV policies / strategies, and for more employees (particularly nonmanagers) to have improved capability to respond to DFV in their workplaces.

There is no clear indication that overall **community** involvement in DFV prevention initiatives has changed between 2019-2022. The number of events organised during the DFV Prevention Month in 2020-21 increased, although it has not reached pre-pandemic levels. Notably, females were more likely to be involved in community DFV initiatives than males in 2021. This indicates scope to broaden the level of community participation in these important initiatives.

### Foundational Element 2: Integrating service responses

Since 2017, the Queensland Government has implemented a common approach to integrated service delivery for DFV across government / nongovernment agencies and community groups.

The Integrated Service Response (ISR) model has been expanded to more locations in Queensland. The expansion of the HRT model (a core component of this model) has led to an increase in high-risk victim survivors being supported by integrated service responses across Queensland. HRTs have demonstrated improved effectiveness in integrating services and responding appropriately to victim survivor needs in a timely manner. The housing sector's supports for DFV victims have exhibited more mixed results – while the number of users who accessed specialist homelessness has remained broadly stable, there are place-based differences. Access to specialist homelessness service has increased in remote areas. In contrast, there was a slight decrease in access across metropolitan areas. Furthermore, during consultations, stakeholders highlighted challenges related to housing supply and scope to improve victims' timeliness of access to housing services and crisis accommodation.

Victim survivors are also supported through other programs – for example, the SQW initiative, which continues to fund projects that may directly or indirectly target victims of domestic or family violence to upskill and gain employment since 2015-16. Additionally, more victim survivors and perpetrators are accessing specialist domestic and family violence trained duty lawyers.

Notwithstanding these notable achievements, this Review has identified scope to tailor supports to meet the needs of victims. For example, there is a clear need for more culturally appropriate processes and services for Aboriginal and Torres Strait Islander participants and those from CALD backgrounds. There is also an increasing number of children who have been exposed to DFV. A higher proportion of children with DFV as a risk factor in child protection investigations (although it is acknowledged that this may also reflect increased awareness of DFV and better data capture by frontline workers in the child protection system). It will be important to consider how frontline services can be improved to better support these specific population cohorts. Some stakeholders highlighted a need to strengthen data collection on specific diverse groups of interest (for example, women with disability) to inform future improvements to service delivery for these specific cohorts.

This Review has also identified a need to address the resourcing constraints of frontline agencies who deliver integrated service responses. For example, the level of work burden of integrated service response teams has increased substantially in recent years, which may impact the quality and timeliness of supports to victims if left unaddressed. There is also scope to address housing supply shortages, particularly in remote areas.

### **Foundational Element 3: Strengthening justice system responses**

Justice system responses are delivered through two key mechanisms:

1. Perpetrators themselves understanding the impact of their offending behaviour, taking responsibility and changing their behaviour. Perpetrator intervention – particularly through behaviour change programs – focuses on changing perpetrator attitudes and behaviour.
2. Systems and policies, such as court and policing responses to hold perpetrators accountable

In terms of **perpetrator interventions**, implementing agencies have delivered more innovative initiatives in this area, such as the delivery of an online men's behaviour change program and the trial of a behaviour change program in correctional centres. However, the current capacity of behaviour change programs remain insufficient to meet existing demand. There has been no change in the number of perpetrator prevention programs delivered throughout Queensland over the past two years. During consultations, stakeholders noted that current capacity of existing behaviour change programs is insufficient to meet existing demand due mainly to staffing and financial constraints. The existing suite of perpetrator interventions is also assessed to be insufficient to recognise and respond to the specific needs and experiences of specific diverse population cohorts. Among perpetrators who participate in programs, it is important to ensure that a higher proportion of them successfully complete the program. In terms of performance monitoring, there is scope to expand resources to strengthen data collection that will support more robust evaluations on the impact of existing perpetrator interventions on long-term behaviour changes among perpetrators.

There were more mixed findings on the **access to, and effectiveness of, the justice system**. The number of issued domestic violence orders (DVOs) has remained stable despite reports of increased domestic and family violence incidents from 2019 to 2021, due in part to COVID-19-



related disruptions. The limited availability and accessibility of behaviour change programs is a potential driving factor for the reduction in intervention orders issued by courts since 2018-19. However, at the same time, the justice system has continued to increase its capacity to respond to DFV through the increased supply of DFV-trained duty lawyers. The recent expansion of the specialist DFV court model across more locations is also expected to strengthen the justice system's ability to respond to DFV incidents.

### Equity

There is some evidence that access to justice system and housing supports has improved for Aboriginal and Torres Strait Islander peoples. However, this Review has identified service gaps to support remote Aboriginal and Torres Strait Islander communities, particularly with regards to access to longer-term housing supports, legal services and culturally appropriate wraparound services.

People from CALD backgrounds are more likely to demonstrate gaps in knowledge and awareness of what constitutes DFV. This cohort's access to DFV supports also remain lower compared to the general Queensland population due to a range of barriers, including awareness and understanding of legal rights and the support system, language barriers and socioeconomic barriers.

### Efficiency

Frontline agencies reported that it was challenging to provide actual expenditure for their DFV-related budget commitments due to existing funding arrangements. Actions under the Third Action Plan are funded through different approaches – actions either receive direct-funding allocations through annual Queensland Government budget processes or utilise existing Department internal funding to deliver actions in the Third Action Plan. The existing approach to distribute funding for DFV programs / services complicates the assessment of actual expenditure associated with actions and the efficiency of expenditure associated with the Third Action Plan. Moving forward, there is an opportunity to strengthen data collection mechanisms to support future assessments on efficiency. Given that resourcing constraints have been commonly cited as an implementation barrier, building a strong evidence base on the efficiency of the Third Action Plan and how actions / initiatives are funded will inform future decisions related to funding adequacy and allocation.

### Impact

Based on the QSS, attitudes toward DFV have remained stable since the commencement of The Strategy. Overall, at least 17% of Queenslanders were aware of domestic and family violence involving a close friend or family member in 2021; consistent with the proportion of Queenslanders in 2017. However, this contrasts with anecdotal findings of rising DFV occurrences being attended by frontline agencies, which indicates that the number of DFV incidences has increased. Even so, increased reports of DFV incidences being attended by frontline agencies do not necessarily indicate greater prevalence of DFV, rather it may be reflective of greater awareness and access of DFV support systems.

There are some tentative signs that deaths as a results of domestic and family violence are beginning to decline, although it is too soon to determine whether this will be an ongoing trend. Aboriginal and Torres Strait Islander peoples (both victims and perpetrators) remain significantly overrepresented among the number of homicides within an intimate partner or family relationship. This indicates the ongoing need to ensure future systems and processes deliver culturally appropriate and timely supports to Aboriginal and Torres Strait Islander individuals, families and communities.

### Future areas of focus

This Review has identified six key areas where further progress is required:

1. Expanding the depth and breadth of perpetrator interventions, which would involve developing new programs to supplement behaviour change programs and ensuring existing program capacity is aligned to demand.
2. Building a strong pipeline of DFV workers. This will involve addressing long-standing DFV workforce challenges, including increasing the attraction of delivering DFV services in



Commercial-in-confidence

remote/regional areas, addressing retention challenges and building the capability of existing workers.

3. Providing timelier and more effective crisis supports to victim survivors.
4. Strengthening the extent to which existing systems deliver tailored and effective responses, particularly to specific population cohorts who are more likely to experience vulnerability (such as people with disability, Aboriginal and Torres Strait Islander peoples and those from CALD backgrounds).
5. Ensuring that there is a zero-tolerance approach to DFV in all settings, including schools, workplaces and community clubs.
6. Strengthening data collection and evaluation to inform future policy and scaling decisions related to DFV support services.

**Deloitte Access Economics**

# 1 Introduction

## 1.1 Domestic and Family Violence Prevention Strategy

### 1.1.1. Prevalence of domestic and family violence

Domestic and family violence is a complex social problem that touches on people across the Queensland community regardless of age, gender, culture and circumstance. Under the *Domestic and Family Violence Protection Act 2012*, domestic and family violence (DFV) comprises behaviour by a first person toward another person with whom the first person is in a relevant relationship, that is physically or sexually abusive; emotionally, psychologically, or economically abusive; behaviour that is coercive, threatening; or in any way controlling or dominating.

The impacts of DFV are significant and can include worse physical health; poor mental health, including anxiety and depression; and even death. In Queensland, 4.9% of female and 1.0% of male respondents to the ABS personal safety survey (2016) reported to have experienced both sexual and physical violence by a current intimate partner in the 12 months prior to the survey.<sup>2</sup> There was an average 2.6 prosecuted DFV offences per 1,000 residents by Queensland Magistrate Court in 2019-20.<sup>3</sup> Furthermore, there have been 375 DFV-related homicides in Queensland between 2006-07 and 2020-21.<sup>4</sup> The five-year average of DFV homicides between 2016-17 and 2020-21 was 25 deaths.<sup>5</sup> Notably, across all offences against a person in 2019-20 where an offender-victim relationship was recorded, Aboriginal and Torres Strait Islander victims were twice as likely as non-Indigenous victims to be offended against by someone with whom they were in a family or domestic relationship (52.5% compared with 27.1%).<sup>6</sup>

These statistics are likely to be underestimates of the total prevalence of DFV in the Queensland and Australian population; this is because they do not account for the entire scope of DFV behaviours and the difficulty in ascertaining the true prevalence of DFV due to widespread underreporting. The ABS personal safety survey (2016) demonstrates this challenge - survey responses showed that just over half of women (54%) who experienced current partner violence had sought advice about the violence they experienced. An estimated 82% of women and 76% of men who experienced current partner violence never contacted the police.

### 1.1.2. Queensland Government 10-Year Domestic and Family Violence Prevention Strategy

The Queensland Government established a special taskforce on DFV ("The Taskforce") in 2014.<sup>7</sup> The Taskforce delivered a report titled 'Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland' in 2015, which defined the landscape of domestic violence in Queensland and presented recommendations for change under three themes: (i) community attitudes and behaviours, (ii) integrating and enhancing service responses and (iii) strengthening justice system responses.<sup>7</sup> The report produced 140 recommendations, one of which was to develop the Queensland Government's 10-Year Domestic and Family Violence Prevention Strategy ("The Strategy"), aimed at eradicating domestic and family violence to ensure that 'All Queenslanders live safely in their own homes and children can grow and develop in safe and secure environments'.<sup>8</sup>

The Strategy is informed by community and stakeholder perspectives across Queensland and outlines a long-term program of actions in response to The Taskforce. It is an ambitious and complex reform involving 14 implementing government agencies and has been supported by over \$600 million since

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<sup>2</sup> Australian Bureau of Statistics (2016). Personal Safety, Australia.

<sup>3</sup> Australian Bureau of Statistics (2021). Criminal Courts, Australia.

<sup>4</sup> Domestic and Family Violence Death Review and Advisory Board 2020-21 Annual Report.

<sup>5</sup> Death Review and Advisory Board Annual Report (2021).

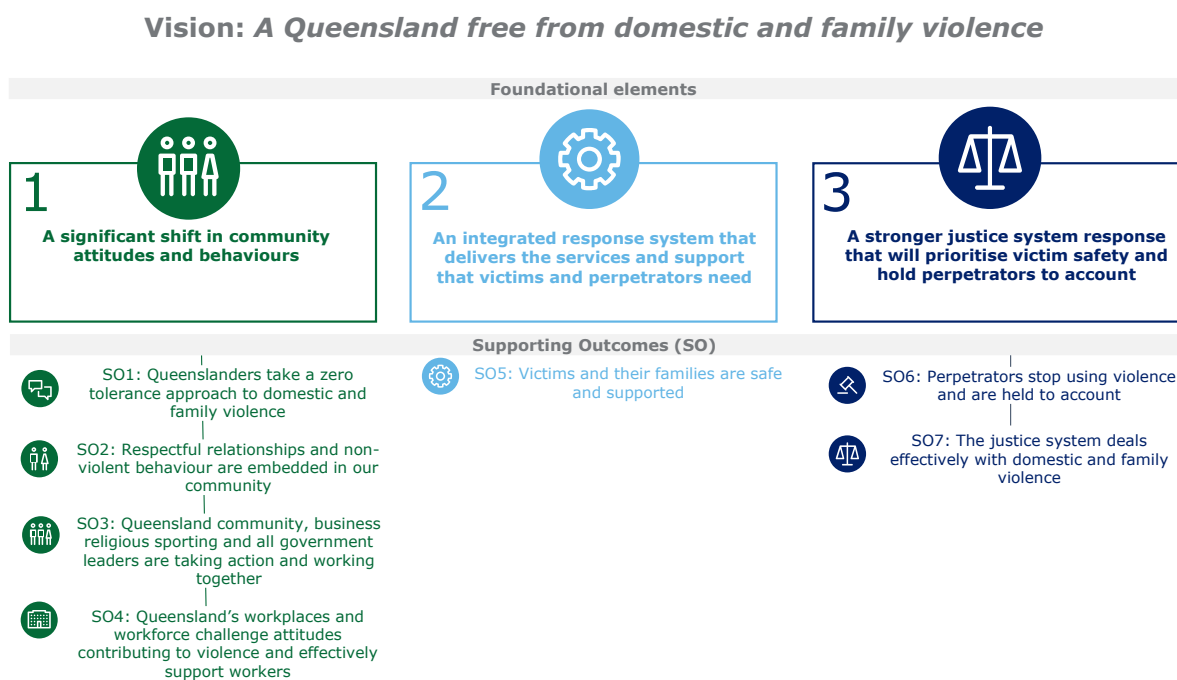
<sup>6</sup> Queensland Government Statisticians Office Crime Report Queensland (2019-20).

<sup>7</sup> Queensland Government (2016). Domestic and Family Violence Prevention Strategy: 2016-26.

<sup>8</sup> Queensland Government (2015). First Action Plan of the Domestic and Family Violence Prevention Strategy: 2015-16.

2015 for DFV services, programs and strategies.<sup>9</sup> The Strategy comprises seven supporting outcomes across the three foundational elements, as in Figure 1.1.

Figure 1.1 Overview of The Strategy

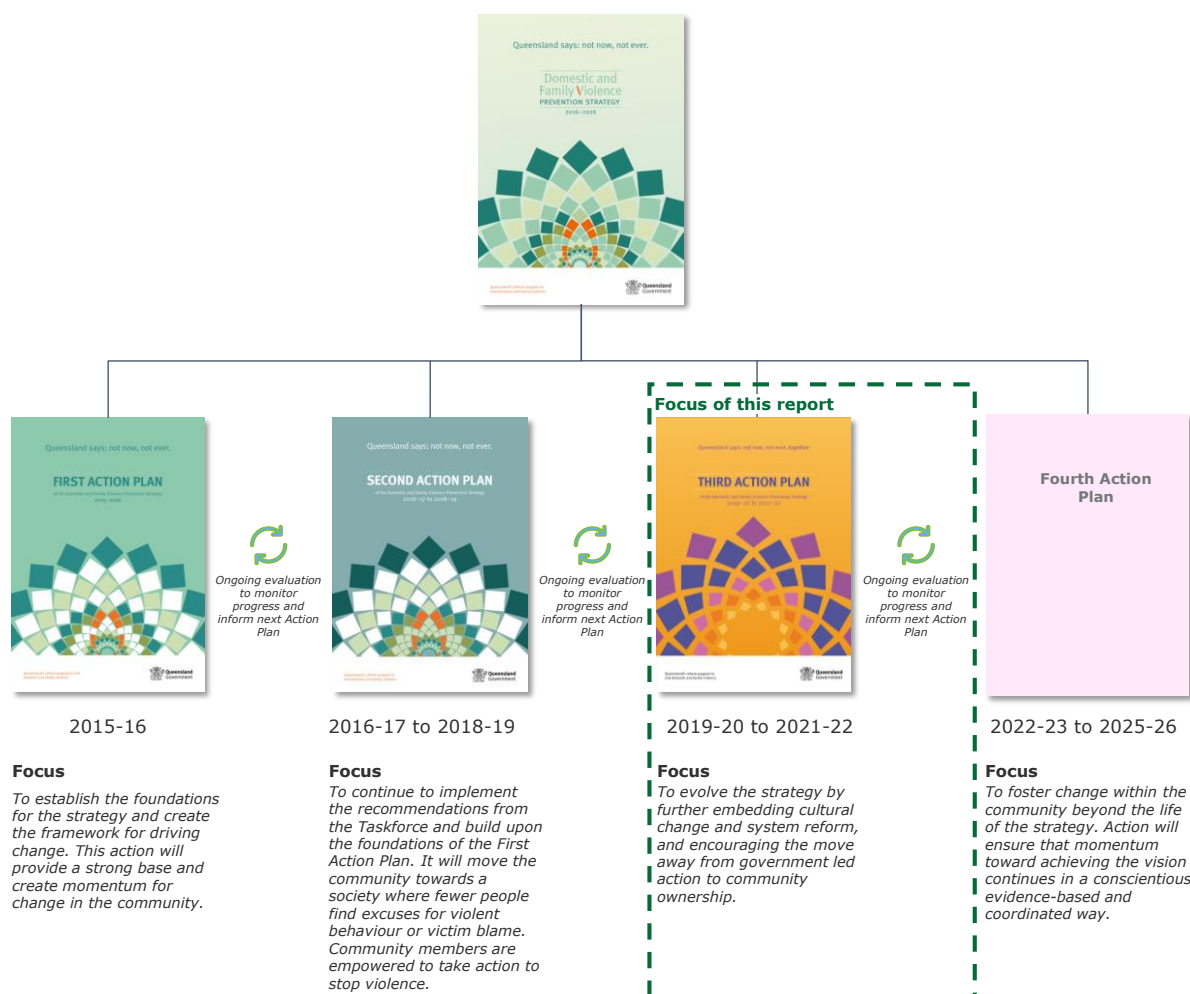


### 1.1.3. The Queensland Government’s reform program to end domestic and family violence

The Strategy is being delivered via a multi-department approach to systematically impact attitudes and behaviours ubiquitously embedded throughout society. The initiatives of The Strategy will be delivered through four action plans to maintain flexibility around service delivery as well as to adapt to, and build on, achievements and lessons from prior action plans. The First Action Plan was developed alongside The Strategy, which guided the Queensland Government’s response through to 30 June 2016. The Second Action Plan took place over a three-year period from 2016-17 to 2018-19, and the Third Action Plan is the subject of this report, with its activities taking place over the three years from 2019-20 to 2021-22. The final action plan (the Fourth Action Plan) will cover a four-year period of 2022-23 to 2025-26. This schedule is further detailed in Figure 1.2.

<sup>9</sup> These agencies include Department of Premier and Cabinet, Queensland Treasury, Department of Children, Youth Justice and Multicultural Affairs, Public Service Commission, Queensland Police Service, Department of Education, QH, Department of Communities, Housing and Digital Economy, Department of Justice and Attorney General, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, Queensland Corrective Services, Department of Employment, Small Business, and Training.

Figure 1.2 Position of this evaluation in the whole-of-reform Evaluation Framework



### 1.1.3.1. The First and Second Action Plans

The **First Action Plan** had the goal of setting the foundations for The Strategy, including the development of a framework to evaluate implementation of the taskforce’s recommendations and development of integrated DFV service delivery models for trialling.<sup>8</sup> In 2016, an evaluation of the First Action Plan was commissioned, with the outcome of this evaluation informing the creation of their Second Action Plan 2016-17 to 2018-19, which was released in November 2016.

The **Second Action Plan** covered the three-year period from July 2016 to June 2019 and built on the foundations established by the First Action Plan. Developed with the overarching goal to transform the way in which the Queensland society works together to better protect victims and hold perpetrators to account,<sup>10</sup> the Second Action Plan involved the implementation of a host of systematic reforming initiatives. These initiatives include wide-ranging reforms, such as amendments to the Domestic and Family Violence Protection Act 2012.

### 1.1.3.2. The Third Action Plan

The **Third Action Plan** (the focus of this Review) builds on the significant work of Queensland’s DFV program delivered under the First Action Plan and Second Action Plan. It provides a blueprint for the government and community to work together to deliver positive change over the next three years from July 2019 to June 2022. The plan includes **13 signature actions** (Table 1.1). These signature actions are key features of this next stage of the reform program and responds to learnings to date about the most effective strategies to eliminate domestic and family violence. There is also a total of **25 supporting actions** underpinning the three foundational elements in the Third Action Plan. These

<sup>10</sup> Department of the Premier and Cabinet (2019). Review of the Second Action Plan.

supporting actions are activities to embed work already commenced under The Strategy and are intended to drive continuing progress toward the vision of a Queensland free from domestic and family violence.

Table 1.1 Signature actions under the Third Action Plan

Foundational element	Signature actions
Foundational Element 1: Changing community attitudes and behaviours	<ol style="list-style-type: none"> <li>1. Develop a corporate and community engagement framework</li> <li>2. Establish a domestic and family violence champions group</li> <li>3. Deliver a new communication and engagement response focused on raising awareness and understanding of DFV</li> <li>4. Continue to support schools to embed respectful relationships education and build a culture of respect and gender equality</li> </ol>
Foundational Element 2: Integrating service responses	<ol style="list-style-type: none"> <li>5. Establish a new workforce capability and capacity service</li> <li>6. Implement an enhanced housing response</li> <li>7. Provide employment and financial independence by supporting women affected by DFV to return to work</li> <li>8. Develop a whole-of-government position statement that highlights government commitment to an inclusive and equitable service system</li> <li>9. Implement <i>Queensland’s Framework for Action to Reshape Our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence</i></li> <li>10. Implement <i>Queensland’s plan to respond to domestic and family violence against people with disability</i></li> <li>11. Strengthen response to address the impact of DFV on Queenslanders from CALD backgrounds</li> </ol>
Foundational Element 3: Strengthening justice system responses	<ol style="list-style-type: none"> <li>12. Evolve the specialist Domestic and Family Violence Court model in response to evidence and evaluation findings</li> <li>13. Continue to strengthen responses to hold perpetrators to account and increase system accountability</li> </ol>

Source: Queensland Government Third Action Plan of the Domestic and Family Violence Prevention Strategy (2019-20 to 2021-22)

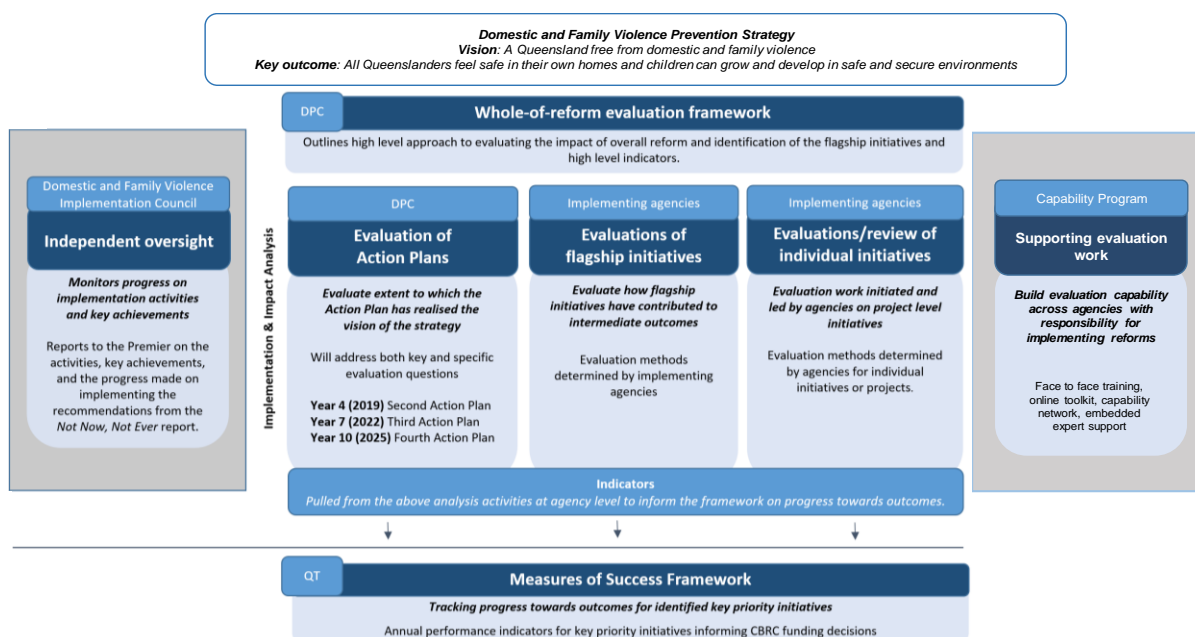
#### 1.1.4. Evaluation Framework

Underpinning the entire Strategy is a comprehensive Evaluation Framework developed by the University of Queensland (“Evaluation Framework”) that guides evaluation activities throughout the life of The Strategy (Figure 1.3). These evaluation activities will ensure The Strategy remains flexible and adaptable to a changing environment, transparent to the public and stakeholders to demonstrate responsible utilisation of resources, as well as to inform future implementation of initiatives through learning from past successes and challenges.

The Evaluation Framework involves several reporting mechanisms that enhance and support performance management, oversight, and review of The Strategy, which include:

- **Annual Scorecards** – Allow for interim monitoring of outcomes of The Strategy over the course of The Strategy
- **Action Plan Review** – A comprehensive evaluation that is conducted toward the end of each action plan implementations phase to allow for a review of the processes and outcomes of the action plan just implemented, and to inform future action plan implementation

Figure 1.3 Evaluation activities for The Strategy



Source: Evaluation Framework for the Domestic and Family Violence Prevention Strategy (2016-2026)

The Evaluation Framework links each of the seven supporting outcomes from The Strategy to specific intermediate outcomes and data sources for measuring these. These measurement methodologies inform The Strategy’s data collection activities, which are led by implementing agencies and the Department of Premier and Cabinet.

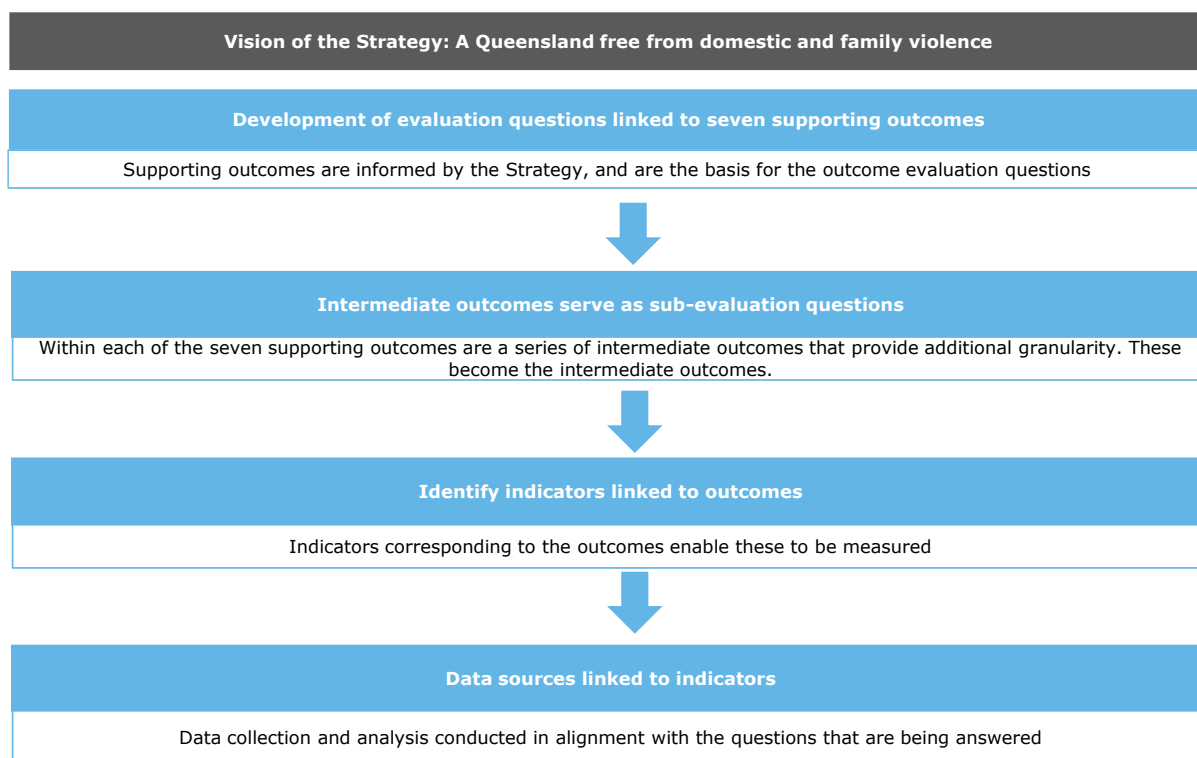
## 1.2 This report

The DPC (the “Department”) has engaged Deloitte Access Economics to support implementation of the Evaluation Framework for The Strategy. This will allow the Department and partner agencies, as well as broader stakeholders throughout Queensland to understand the impact of The Strategy through to 2022. In addition, this Review will give insights into where The Strategy can improve its implementation to meet its long-term 10-year objective of the elimination of DFV throughout Queensland society.

This report comprises of two parts: a process evaluation and an outcome evaluation. The process evaluation (Part A) has been designed by Deloitte Access Economics, as it was not included in the original Evaluation Framework. It was considered important to understand what has worked in the implementation of The Strategy to date to provide learnings in terms of process and implementation to support delivery of the final part of The Strategy – the Fourth Action Plan.

The outcome evaluation (Part B) considers the impact of the Third Action Plan across the domains of effectiveness and relevance, efficiency, equity and impact. There are seven evaluation questions within the effectiveness domain, each representing a supporting outcome. Within this, there are more detailed sub-evaluation questions derived from the intermediate outcomes. This report is structured by each of the evaluation questions—with each chapter presenting findings for that evaluation question/supporting outcome. It also covers the sub-evaluation questions/intermediate outcomes as per the Revised Indicator Matrix of the Evaluation Framework for the Domestic and Family Violence Prevention Strategy 2016-26 (as of October 2021), and this underpins Deloitte’s approach to analysing the achievement of supporting outcomes outlined above in Figure 1.1. A breakdown of the Evaluation Framework components can be found in Figure 1.4.

Figure 1.4 Components of Evaluation Framework



### 1.2.1 Structure

The report is structured as follows:

- **Chapter 1:** Introduction – is an overview of the Domestic and Family Violence Prevention Strategy and this report.
- **Chapter 2:** Approach – outlines the method adopted for undertaking the Review, including data sources and notable limitations.
- **Chapter 3:** Fidelity – provides findings on the two evaluation questions relating to the fidelity of the Third Action Plan.
- **Chapter 4:** Implementation – provides findings on the three evaluation questions relating to the implementation of the Third Action Plan, including the effectiveness of governance arrangements.
- **Chapter 5-11:** Reports against progress toward achieving each of the seven supporting outcomes (SO1-7), including addressing attitudes across different community and workplace contexts in Queensland, the progress toward improved outcomes for victim survivors and families and steps taken to strengthen justice system responses to hold perpetrators accountable for their actions.
- **Chapter 12:** Equity – analyses the extent to which progress has been made to address equity priorities for vulnerable population groups.
- **Chapter 13:** Efficiency – analyses the two evaluation questions that relate to whether the Third Action Plan has been implemented efficiently.
- **Chapter 14:** Impact - analyses the three evaluation questions that relate to whether the Third Action Plan, and The Strategy as a whole to-date, has begun to make an impact on incidences of DFV.
- **Chapter 15:** Looking ahead – details next steps grounded in the results of this Review to inform the Fourth Action Plan.

## 2 Approach

*The Review has adopted a mixed methods approach that is aligned to the Evaluation Framework of The Strategy*

### 2.1 Evaluation questions

The Evaluation Framework comprises a total of 16 questions. The questions relating to Fidelity aims to provide an assessment on the extent to which Third Action Plan was implemented consistent with initial decisions, and what learnings exist for the forthcoming Fourth Action Plan. The effectiveness questions relate to each of the seven supporting outcomes outlined in The Strategy, under each of which are the intermediate outcomes. This report sets out findings for each of the supporting outcomes, encompassing a synthesis of the findings from relevant intermediate outcomes. The list of intermediate outcomes and how they map to supporting outcomes is included in Appendix A.

While The Strategy's impacts are expected to become visible over the long term, an initial assessment of impacts from The Strategy over the last seven years has been undertaken. A summary of the evaluation questions is included in Table 2.1.

Table 2.1 Evaluation questions

Domain	Evaluation question
<b>Process evaluation questions (Part A)</b>	
Fidelity	Has the Third Action Plan been delivered as intended?
	What has been the focus of actions across the three foundational elements and seven supporting outcomes?
Implementation	What are the enablers and barriers to the effective implementation of the Third Action Plan? This may include processes and practices underpinning implementation, communication processes, data collection, evaluation and the timing of implementation.
	How do these enablers or barriers differ by context? This includes at the agency, interagency and whole-of-government level, across locations (rural, regional and metropolitan) and types of initiatives.
<b>Outcome evaluation questions (Part B)</b>	
Effectiveness	To what extent do Queenslanders take a zero-tolerance approach to domestic and family violence (Supporting Outcome 1)?
	Are respectful relationships and nonviolence behaviour embedded in our community (Supporting Outcome 2)?
	To what extent do Queensland community, business, religious, sporting and all government leaders take action and work together (Supporting Outcome 3)?



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	Do Queensland’s workplaces and workforce challenge attitudes contributing to violence and effectively support workers (Supporting Outcome 4)?
	To what extent are victims and their families safe and supported (Supporting Outcome 5)?
	To what extent have perpetrators stopped using violence and are they held to account (Supporting Outcome 6)?
	Does the justice system deal effectively with domestic and family violence (Supporting Outcome 7)?
Equity	To what extent has progress been made to address equity priorities for vulnerable groups?
Efficiency	Have initiatives and activities been economical, efficient and effective to optimise success and deliver value for money to Queensland?
	To what extent do policy makers and program providers feel empowered to design and implement programs that are evaluation ready?
Impact	Has the incidence of domestic and family violence reduced?
	Have deaths related to domestic and family violence reduced?
	Has the percentage of Queenslanders who feel safe in their own homes increased?

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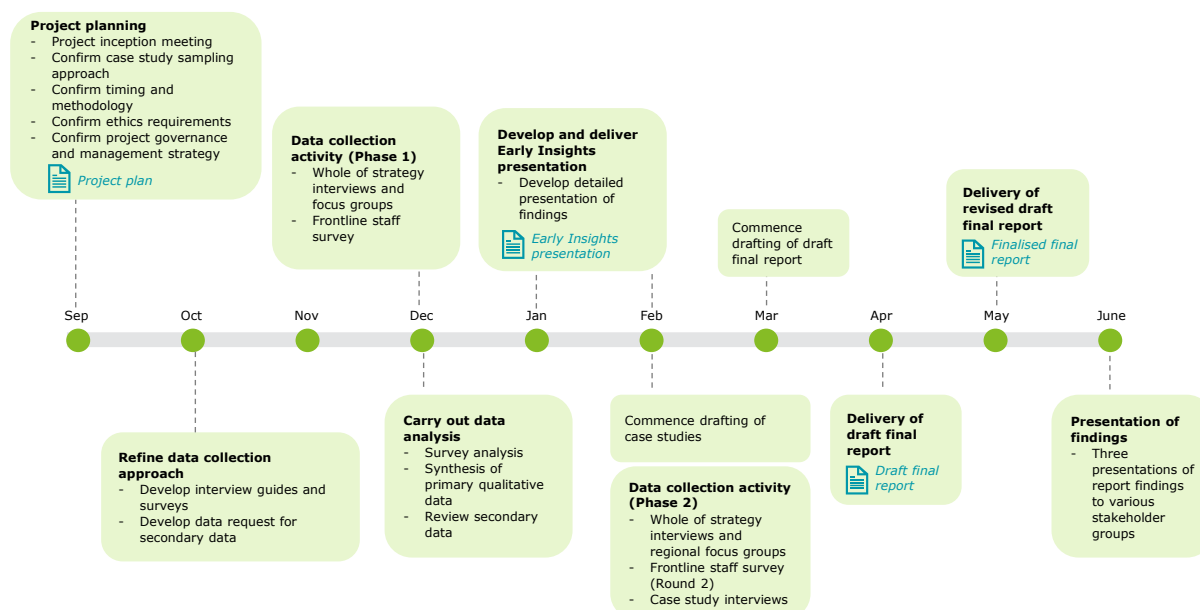
Source: Deloitte Access Economics

## 2.2 Timeline of activities

The Review of the Third Action Plan took place over a year-long period. The approach included two data collection and analysis phases – one for the development and delivery of an Early Insight presentation to the DFSVEG, and a second for the development of the final report. The purpose of the early insights presentation was to gather initial feedback from the executives of key implementing agencies to inform the ongoing progress and future considerations for the Review.

The phases of data collection included conducting primary data collection activities, such as survey distribution and stakeholder consultations, as well as analysis of secondary data provided by implementing agencies. Case study data collection primarily occurred in the second phase of data collection. All these activities are outlined further in Figure 2.1 and are described in detail in Section 2.3.

Figure 2.1 Timeline of the Review of the Third Action Plan (September 2021 to June 2022)



Source: Deloitte Access Economics

## 2.3 Data sources

To respond to the evaluation questions, both quantitative and qualitative data were collected. This report draws on:

- Primary data collection (interviews, surveys and focus groups)
- Secondary data collection (flagship evaluation data, implementing agency Annual Scorecard data and other documents and administrative data)
- Case studies, which were developed from a mix of primary and secondary data collection

### 2.3.1 Primary data

Development of the primary data collection was informed by the Evaluation Framework. The purpose of the primary data collection is to:

- Understand perspectives on progress, process and outcomes among key stakeholders involved with implementing and delivering the Third Action Plan
- Draw out key learnings and findings that will provide implementing agencies with practical insights to inform the development and implementation of the Third Action Plan
- Provide an additional data source for triangulation (or where data gaps exist) to respond to the key evaluation questions

Primary data was collected in four main ways:

1. Central stakeholder interviews
2. Regional stakeholder interviews
3. Targeted focus group discussions
4. Frontline staff survey

Deloitte engaged a host of government and nongovernment representatives who led DFV initiatives within their respective departments and organisations, as listed below:

- DCYJMA
- DCHDE
- DOE
- Department of Justice and the Attorney General (DJAG)
- Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP)

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- Domestic and Family Violence Prevention Council
- LGAQ
- QCS
- QH
- QIFVLS
- QPS
- Queensland PSC

**Regional stakeholders** were interviewed across five geographic regions comprising the rest of Queensland in a focus group setting. Deloitte organised focus group sessions with regional government employees who were based at Wide Bay, Central Queensland, Northern Queensland, South West Queensland and Moreton.<sup>11</sup> In total, 44 regional stakeholders were engaged, as detailed at a region level below:

- Central Queensland: 10
- Moreton Area: 1
- Northern Queensland: 6
- South West Queensland: 16
- Wide Bay: 11

Based on DPC's recommendations following the emerging themes presentation in February 2022, Deloitte also facilitated two **targeted focus group discussions** to gain deeper insight into two key topics of interest – perpetrator interventions and integrated service response. These sessions were organised with a range of representatives from relevant Queensland Government departments to provide insight into these two topics to ensure related recommendations were well informed.

A **frontline staff survey** was also distributed to departments to gauge broader perspectives on the implementation and outcomes of the Third Action Plan. Specifically, the survey collected data on the perceptions of frontline staff within government agencies, and service providers, on the awareness of The Strategy and the actions under the Third Action Plan. This survey was fielded across implementing government departments and service providers and collected further information on the types of DFV services offered by the organisation. In total, there were 320 completed responses of the frontline staff survey by representatives across eight implementing agencies. See Appendix C for more information on the characteristics of the frontline staff survey participants. This survey was fielded across implementing government departments and service providers and collected further information on the types of DFV services offered by the organisation. In total, there were 320 completed responses of the frontline staff survey by representatives across eight implementing agencies. It is acknowledged that 86% of survey respondents are from two agencies (QCS and QH). The sample sizes for other implementing agencies are too small to undertake agency-specific analysis. See Appendix C for more information on the characteristics of the frontline staff survey participants.

The **frontline staff survey** was developed by Deloitte Access Economics, in cooperation with the Department of Premier and Cabinet. Questions were developed to align with The Strategy's Evaluation Framework, particularly with regards to outcomes of the Third Action Plan on improving access to services for victim survivors and perpetrators, as well as service appropriateness and outcomes. The survey was administered through the Qualtrics platform. Deloitte distributed the survey to key representatives from individual implementing agencies, who then forwarded the survey to relevant individuals.

### 2.3.2 Secondary data

Deloitte analysed data sources that correspond to each intermediate outcome as identified by the Evaluation Framework. The full list of data sources can be found in Table 2.2. A summary of the data source by agency that was analysed is summarised in Appendix A - Revised Evaluation

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<sup>11</sup> Multiple opportunities were provided to stakeholders in each region to provide input into this Review. Only a limited number of stakeholders from the Moreton area were provided by DPC for engagement, and only one of this small sample elected to partake in consultation.

Framework Indicator Matrix. Where available, data was analysed in a disaggregated manner, typically by subpopulation groups as follows:

- Location
- Whether the person identified as Aboriginal and/or Torres Strait Islander
- Whether the person was from a culturally or linguistically diverse background
- Whether the person identifies as LGBTIQ+
- Whether the individual is considered a person with disability
- Gender
- Age

In addition, Deloitte also analysed relevant documents, where provided, such as:

- Government responses to implementation updates
- Implementing agency progress updates
- Relevant flagship evaluation reports

Table 2.2 Data source by agency

<b>Agency</b>	<b>Data source</b>
DPC	WGEA data
PSC	WfQ employee opinion survey
	PSC administrative data
	Employee Assistance Program departmental data
	White Ribbon Australia workplace accreditation data
	RRR program completion data
Queensland Government Statisticians Office (QGSO)	QSS data
DCYJMA	DCYJMA administrative data
QPS	Queensland Police administrative data
DCHDE	QHIP
	Specialist Homelessness Services Collection data
	Social housing and private housing data
DJAG	DFV Death Review and Advisory Board
	DFV client management system data
	DJAG administrative data
	DVConnect data
	Investing in Queensland Women Grants Program data
	Legal Aid Queensland data

Agency	Data source
	Domestic and Family Violence Prevention events calendar
	Office for Women and Violence Prevention – Lunch box sessions
DOE	School Information Collection Tool data
	Respectful relationships education staff survey
	School staff pre- and post-online training platform survey data
Department of State Development, Infrastructure, Local Government and Planning (State Development)	Local government grant data for DFV prevention initiatives
	Local government participation in DFV workplace cultural change programs
DESBT	DESBT administrative data
QH	DFV Toolkit of Resources and other relevant resources for families, carers and support persons who have been identified as being at risk of violence
QCS	QCS administrative data

Source: Deloitte Access Economics

### 2.3.2.2 About the QSS<sup>12</sup>

The QSS gathers information on the Queensland adult population on important societal issues, such as DFV, Australia’s culture, and social cohesion. The survey has been administered on annual basis since 2017 to adults (aged 18 years or older) who reside in private dwellings in Queensland. It uses computer-assisted telephone interviewing. Table 2.3 summarises the number of full survey responses received between 2017-2021. There was a notable decline in the number of completed survey responses in 2021, though this does not impact the relevance of the results at the level of granularity of interest for this Review.<sup>13</sup> All results have been weighted to the total estimated adult resident population of Queensland (estimated to be 3,917,777 as at June 2019).

QGSO highlighted some important issues to consider when interpreting QSS data. Firstly, the COVID-19 pandemic may have impacted some survey responses. Secondly, all demographics are self-reported and, as such, rely on the respondent’s ability and willingness to select the appropriate category. Thirdly, responses provided by the respondent may not be accurate and could be biased by recall error or social desirability bias. As attitudes and behaviours tend to change over time, the results presented in this report are designed to be representative of the population at the time of data collection.

Table 2.3 QSS operations summary

	2017	2018	2019	2020	2021
Sample size	10,306	11,663	12,437	12,298	4,289
Completed surveys	3,363	3,361	3,352	3,366	1,219

<sup>12</sup> QGSO, Queensland Treasury, Queensland Social Survey 2021, Domestic and Family Violence Survey Report.

<sup>13</sup> The sample size reduced because the methodology of data collection was altered in 2021 to sample two regions – South-East Queensland and Rest of Queensland – rather than 10 regions across the state. This reduced the required sample size from approximately 3000 to approximately 1200. This change does not affect the interpretation of findings for this Review as the focus is on the higher-level split.

Response rate	34.0%	29.5%	27.0%	27.6%	28.4%
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Source: QGSO (2017-2021). Deloitte Access Economics estimated the sample size for 2020 and 2021 based on response rate and completed survey figures.

### 2.3.3 Case studies

#### 2.3.3.1 Purpose and selection

Case studies provide insight into specific actions and programs implemented through the Third Action Plan to provide detailed insights within a narrowly scoped action to provide depth of analysis and key learnings. The purpose of case studies is to:

- Provide detailed supporting evidence for a small number of outcomes / specific evaluation questions
- Emphasise findings of the Review through practical examples
- Identify barriers and enablers to implementing the Third Action Plan, which will provide learning opportunities to support the development and delivery of the Fourth Action Plan
- Celebrate success stories achieved to date
- Highlight examples of stories achieved to date.

Case studies were selected using a mix of the following six criteria:

- Covers all three Foundational Elements (community attitudes, integrated service responses and justice responses)
- Single agency versus cross-agency and/or cross-sector responses
- Central and frontline agencies
- Programs targeting victim survivors and perpetrators
- Service provision, legislative or systemic policy changes and community-wide initiatives
- Initiatives affecting diverse and vulnerable population groups, including people from CALD backgrounds, Aboriginal and Torres Strait Islander peoples and people with disability

#### 2.3.3.2 Case study approach

The approach to undertaking case studies followed the following process:

- Initial meeting with implementing agencies to understand the action in more detail
- Development of a brief plan that identifies the research questions and methodology
- Provision and analysis of documentation provided by implementing agencies
- For four case studies, consultations with delivery teams and local stakeholders were hosted
- Written case study developed and provided to agencies for feedback
- Final written case study incorporating agency feedback included in this Review

In total, 10 case studies were developed as part of this Review. As outlined in Table 2.4, six of the case studies relied on desktop research and four were supplemented by primary data collection activities. The case studies are included in Appendix D to Appendix M.

Table 2.4 List of case studies included in this evaluation

<b>No.</b>	<b>Case study</b>	<b>Data sources</b>	<b>Foundational element</b>	<b>Lead implementing agency</b>	<b>Target cohort</b>	<b>Targets diverse / vulnerable cohorts?</b>	<b>Intervention type</b>	<b>Appendix</b>
1	DFV engagement and communication campaigns in 2020-21	Documentation provided by DJAG	1	DJAG	Broader community	Yes – one campaign focuses on people with disability	Community-wide initiative	Appendix D
2	Respectful relationships education in primary schools	Documentation provided by DOE	1	DOE	School staff and students	No	Community-wide initiative	Appendix E
3	Domestic and Family Violence Disability Plan	Documentation provided by DJAG	2	DJAG	Workforce	Yes – people with disability	Systemic policy initiatives	Appendix F
4	The implementation of the Southport Specialist DFV Court	Documentation provided by DJAG	3	DJAG	Workforce, perpetrators, and victims	No	Justice system and service provision changes	Appendix G
5	Family Wellbeing Services for Aboriginal and Torres Strait Islander Families	Documentation provided by DCYJMA	2	DCYJMA	Workforce, perpetrators and victims	Yes – Aboriginal and Torres Strait Islander peoples	Community-wide initiative	Appendix H
6	Online MDVEIP	Documentation provided by DJAG; two focus groups engaging five stakeholders	3	DJAG	Perpetrators	No	Service provision changes	Appendix I

No.	Case study	Data sources	Foundational element	Lead implementing agency	Target cohort	Targets diverse / vulnerable cohorts?	Intervention type	Appendix
		involved in the program						
7	The establishment of WorkUP Queensland	Documentation provided by DJAG; four consultations engaging five stakeholders	1	DJAG	Workforce	Yes – people with disability, Aboriginal and Torres Strait Islander peoples and CALD communities	Systemic policy initiatives	Appendix J
8	The Community Justice Group (CJG) Domestic and Family Violence Enhancement Program	Documentation provided by DJAG; site visit to Mossman engaging 15 stakeholders	3	DJAG	Workforce and victims	Yes – Aboriginal and Torres Strait Islander peoples	Legislative and service provision changes	Appendix K
9	DCHDE’s enhanced DFV housing response	Documentation provided by DCHDE	2	DCHDE	Victims	No	Service provision changes	Appendix L
10	Queensland’s Integrated Service Responses to DFV	Documentation provided by DJAG; two focus groups engaging 13 stakeholders	3	DJAG	Victims and perpetrators	No	Legislative and service provision changes	Appendix M

Source: Deloitte Access Economics



# 3 Process: Fidelity

## Key Findings

### Implementation progress

As of 30 June 2021, almost one third (31.6%) of actions were delivered. Almost two thirds (65.8%) of actions were on track, and the remaining 2.6% faced minor delays.

### Awareness of frontline staff

Almost three fifths (58.5%) of frontline staff were aware of The Strategy; however, only about half of frontline staff were aware of the specific initiatives within The Strategy, broadly (47.4%), that related to their specific department (50.3%).

### Implementation across foundational elements

With almost two thirds of actions allocated towards Foundational Element 2, evidence suggests that the Third Action Plan focused heavily on developing an integrated response system that delivers the services and support that victim survivors and perpetrators need. The remaining actions were split approximately evenly between the first and third foundational elements.

Implementation fidelity refers to the extent to which The Strategy was implemented as intended and considers both the quantity and quality of delivery. The intention is to understand not only whether a program was implemented according to intent, but also the reasons for deviations from intended delivery and the learnings to inform future delivery.

In the context of the Third Action Plan, this considered whether the actions have been delivered as outlined in The Strategy and Third Action Plan, and what adaptations, if any, were made and why. It considers the broader context within which the Third Action Plan operates. The two key evaluation questions include:

1. Has the Third Action Plan been delivered as intended?
2. What has been the focus of actions across the three foundational elements and seven supporting outcomes?

## 3.1 The Third Action Plan implementation

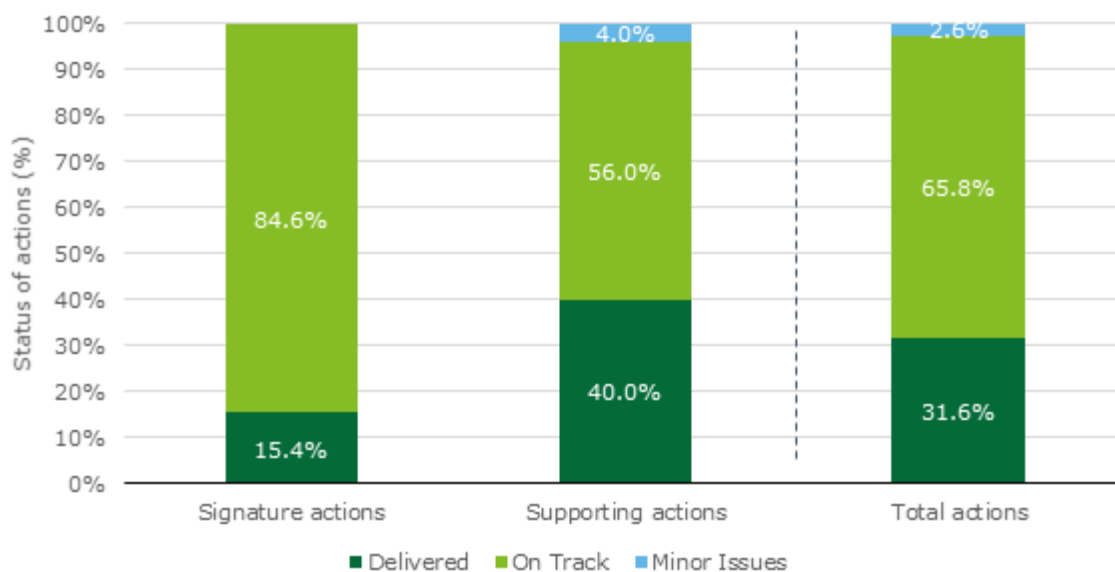
### 3.1.1 Department-reported progress of action implementation

**As of 30 June 2021, most actions have been delivered or are on track for delivery, with 31.6% of actions delivered and 65.8% of actions on track.**

The Third Action Plan included 13 signature actions and 25 supporting actions. Of these, 97.4% were reported to be either delivered or on track as of 30 June 2021 (Chart 3.1). Almost one third (31.6%) of actions were delivered, 16.7% of which were signature actions while the remaining 83.3% were supporting actions. Of the 65.8% of actions that were on track, 40.0% were signature actions while 56.0% were supporting actions. No signature actions were reported to have been facing minor issues, and only one (4%) of supporting actions were reported as such. However, it should be noted that some actions that were reported to be on track for delivery experienced some COVID-19-related disruptions. This is explored further in Section 3.2.2.

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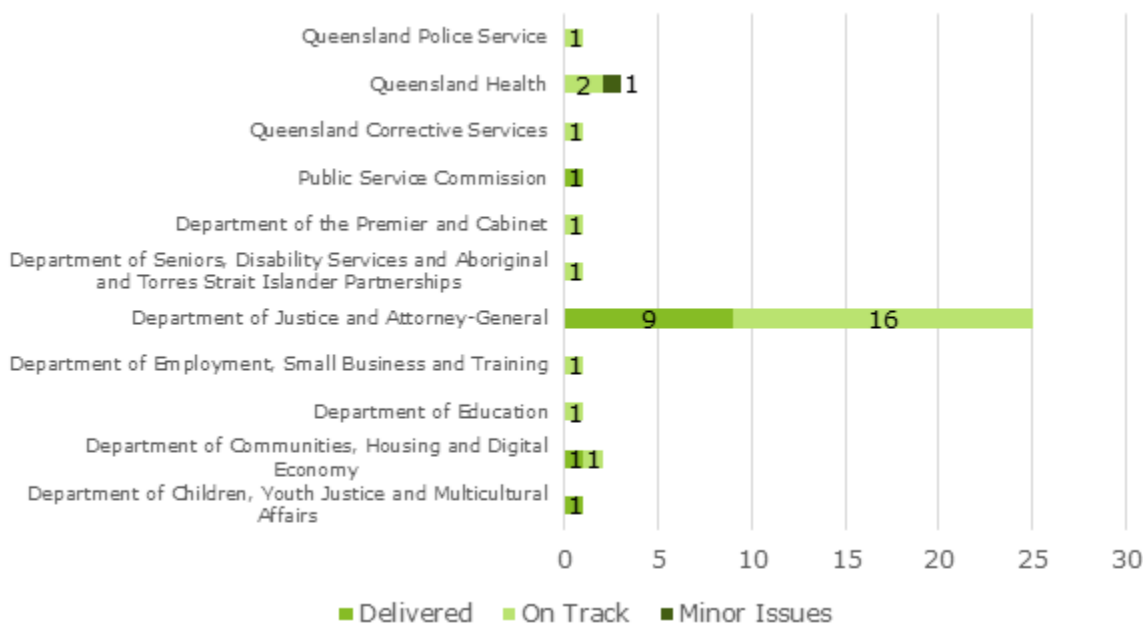
Chart 3.1 Percentage of actions delivered, on track and facing minor issues (as of 30 June 2021)



Source: Deloitte Access Economics using DPC program data.

The distribution of Third Action Plan actions across implementing agencies and stage of delivery can be found in Chart 3.2. This distribution reveals that DJAG is responsible for almost two thirds of actions (65.8%).

Chart 3.2 Actions and their reported progress by government agency (as of 30 June 2021)



Source: Deloitte Access Economics using DPC program data.

Importantly, stakeholders suggested that many actions are to be implemented and operated on an ongoing basis. As such, some actions may never be assessed by implementing agencies as 'delivered' because resources will need to be invested to support ongoing delivery. This should be kept in mind when reviewing the implementation status of actions.

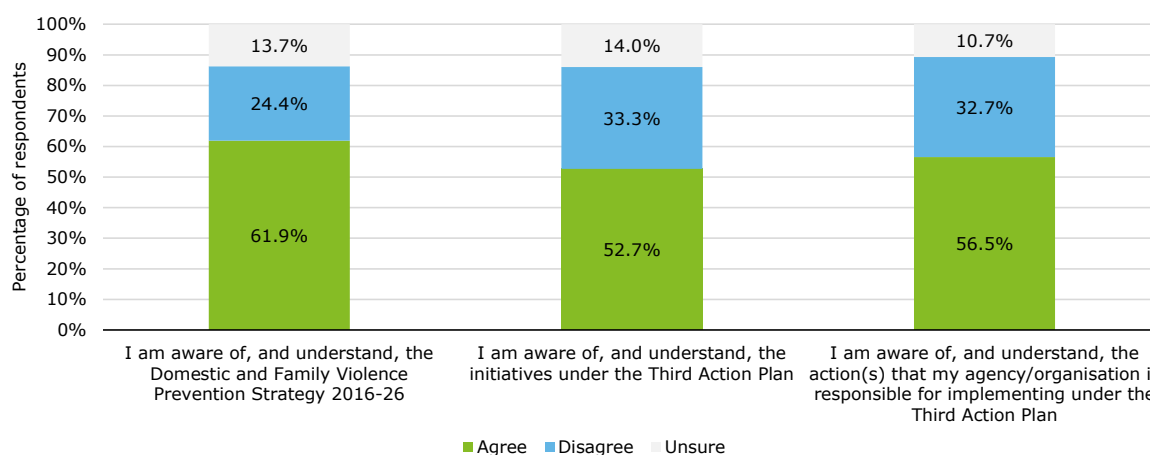
**3.1.2 Perceptions of frontline staff**

**There are mixed levels of awareness of the Third Action Plan among frontline staff. This indicates scope to raise awareness of The Strategy and its action plans.**

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Overall, 61.9% of surveyed frontline staff identified that they are aware of The Strategy. However, 52.7% identified that they are aware of, and understand, the initiatives under the Third Action Plan (Chart 3.3). This indicates that there has been a greater awareness of The Strategy at a high level compared to specific initiatives and organisational responsibilities. While there was greater reported awareness of initiatives under the Third Action Plan insofar as they were relevant to frontline staffs' place of work (56.5% vs 52.7%), evidence suggests this may not be statistically different.

Chart 3.3 Percentage of people that agree with the following statements regarding awareness of The Strategy and the Third Action Plan



Source: Deloitte Access Economics analysis of 2021-22 frontline survey.

Note: N=336. Agreement is categorised as a score of between 6 and 10 on a scale from 1 to 10.

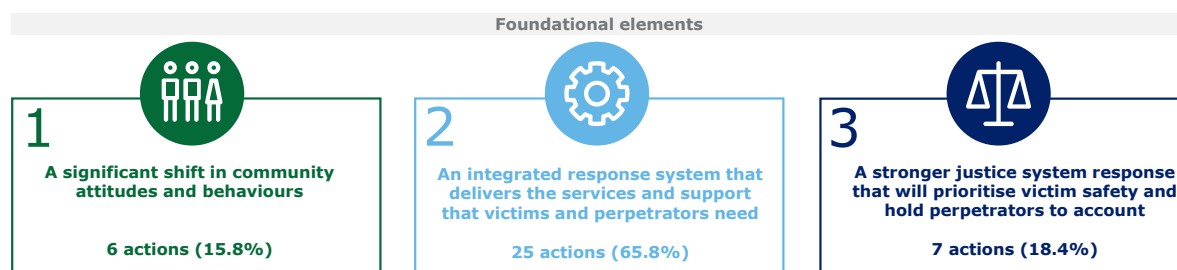
## 3.2 The focus of actions across the three foundational elements and seven supporting outcomes

### 3.2.1 Distribution of actions across foundational elements

In terms of the distribution of actions, evidence suggests that the Third Action Plan's actions have focused on the second Foundational Element – the development of an integrated response system that delivers the services and support that victim's and perpetrator's need. Of the 38 actions undertaken in the Third Action Plan, 25 (65.8%) were allocated toward the second foundational element, while 7 (18.4%) were allocated to the third foundational element and 6 (15.8%) were allocated to the first Foundational Element (Figure 3.1).

Figure 3.1 Foundational elements and the distribution of actions from the Third Action Plan

### Vision: A Queensland free from domestic and family violence



Source: Deloitte Access Economics using DPC program data.

### 3.2.2 Overview of action implementation by foundational elements

Based on information and data from stakeholder engagement and document review, the following insights can be drawn on the implementation of key actions for each foundational element.

### 3.2.2.1 Foundational Element 1: A significant shift in community attitudes and behaviours



There appears to be progress across most of the signature actions included in Foundational Element 1. The QSS has been strengthened to include more granular measures of community attitudes towards DFV (see Chapter 5). There are also signs of the public sector leading the way in developing a culture of DFV prevention, for example, through White Ribbon Accreditation (WRA) and support services for employees (see Chapter 8). Communication and engagement campaigns were also delivered and evaluated in the past three years, with specific innovative campaigns designed and delivered during the COVID-19 pandemic (see Appendix D).

Respectful relationships education has been implemented within Queensland schools through the Australian Curriculum; however, the DOE has also developed resources to support this implementation through RREP (for a more detailed discussion of the take-up of this program and other respectful relationships education in Queensland state schools, see Chapter 6). A whole-of-school approach to respectful relationships education has also been piloted in selected primary schools (see Appendix E).

Notably, two of Foundational Element 1's actions have been impacted by the COVID-19 pandemic. For example, the Corporate and Community Engagement Framework has had its development delayed. Similarly, the development of the DFV Champions Group is underway and consultation has commenced to identify members of the group (as of June 2021). However, due to the impact of the COVID-19 pandemic and Machinery of Government changes, there have been delays to the implementation and community engagement to establish the champions group.

### 3.2.2.2 Foundational Element 2: An integrated response system that delivers the services and support that victim survivors and perpetrators need



Most signature actions under Foundational Element 2 have either been fully implemented or are underway:

- The workforce capacity and capability building service (WorkUP) has been established and is underway (see Appendix J).
- DCHDE's action to implement a person-centred, coordinated service delivery for people experiencing DFV was implemented in April 2020 (see Appendix L). This includes the establishment of a Specialist Response Team within DCHDE to respond to DFV and the development of specific housing products and services to meet the needs of victims.
- The SQW has continued to fund training and support for women re-entering the workforce (this includes women affected by DFV).
- The implementation of Queensland's plan to respond to the impact of DFV against people with disability is underway. Interim findings from the evaluation of this plan are summarised in Appendix F.
- An action status report to DPC noted that a number of initiatives are underway to continue to strengthen responses to address the impact of DFV on people from CALD backgrounds, although there was limited information on the nature and scope of these initiatives.

Some signature actions have experienced implementation delays, but are still on track for delivery by June 2022:

- Work is underway to support Aboriginal and Torres Strait Islander communities and organisations to respond to domestic and family violence in partnership with communities and in line with Queensland's Framework for Action - Reshaping our approach to Aboriginal and Torres Strait Islander Domestic and Family Violence. Despite delays and interruptions to the progress of a number of actions, the implementation of actions under the framework is on track for delivery by June 2022.

Among supporting actions, there was generally continued progress in the implementation of most supporting actions. There was notable progress in the following areas:

- Following a successful trial of Integrated Service Responses in Logan/Beenleigh, Mount Isa/Gulf and Cherbourg, eight funded ISR locations have now transitioned to a 'business as usual' approach to respond in a timely and collaborative manner to imminent high-risk cases of DFV (see Appendix M).
- The revised DFV service practice standards, principles and guidance have been approved and were publicly released on 1 July 2020, and domestic and family violence services were contractually obligated to comply by 1 January 2021.
- New Women's Health and Wellbeing Support Services have been established in Townsville, Whitsunday, Sunshine Coast, Moreton Bay, Roma, Toowoomba (two), Ipswich, Redlands, Logan and the Gold Coast to assist women to recover from the trauma they have experienced and re-establish their lives free from violence.
- A suicide prevention framework for working with people impacted by domestic and family violence has been developed and distributed throughout the sector for implementation.

The implementation of the action of developing a government position statement on inclusivity and equity has been delayed to the Fourth Action Plan given its alignment with a similar recommendation from the Women's Safety and Justice Taskforce Report. This action will also be delivered through a more in-depth approach to these issues, to support a stronger outcome for the sector, victims and survivors.

### **3.2.2.3 Foundational Element 3: A stronger justice system response that will prioritise victim survivor safety and hold perpetrators to account**



There has been notable progress in strengthening justice responses through the delivery of the specialist DFV court model. Specialist DFV courts are now operating in five locations across Queensland, and courthouse upgrades have been completed. Process evaluation findings from the recent evaluation of the Southport Specialist DFV court are summarised in Appendix G.

Ongoing work with Community Justice Groups to codesign and implement a DFV prevention approach within their communities was impacted by social restrictions in place during the COVID-19 pandemic. However, this action is on track for completion. An example of effective codesign is through the Community Justice Group Domestic and Family Violence Enhancement Program that was provided to improve the capacity and capability of CJGs (see Appendix K for a detailed examination of the Mossman EJG).

In the area of perpetrator interventions, QCS commenced an 18-month trial of the DFVP at three correctional centres. This program initially ceased upon trial completion due to funding constraints. However, the recent funding commitment from the Queensland Government will allow the recommencement of this program at the three trial sites. Additionally, an exploration of opportunities for alternative perpetrator interventions has been conducted by DJAG (see Appendix I for an example of an online men's behaviour change program). This has provided an evidence base that will inform future policy and planning, including investment decisions, for perpetrator intervention reforms. It will be important for the next action plan to implement reforms based on these findings.

# 4 Process: Implementation

## Key findings

### Implementation enablers

A number of enablers were identified for implementation of the Third Action Plan, including:

- Place-based and codesign approach towards implementation
- Establishment of a specialist DFV workforce to support frontline service delivery response
- Collaboration across implementing agencies
- Leadership commitment.

### Implementation barriers

Factors identified as barriers to implementation of the Third Action Plan include:

- COVID-19 pandemic
- Workforce capability and capacity issues
- Limited data sharing between agencies
- Insufficient resources.

### Differing implications due to location and demographics

Additional considerations specific to location and demographics were also identified:

- A place-based and codesign approach to program development was especially critical in regional and remote areas for targeting diverse demographics.
- Collaboration in regional areas generally manifests through informal relationship building.
- Workforce capability and capacity shortages are exacerbated in regional and remote areas.
- Actions are perceived not to be sufficiently tailored to specific diverse population cohorts, due in part to resourcing constraints.
- The COVID-19 pandemic may have had greater negative impact on access to DFV-related supports across regional and rural populations due to restrictions in moving across metro and other regions.

## 4.1 The enablers and barriers to the effective implementation of the Third Action Plan

Through extensive consultation with stakeholders in central and regional areas, alongside document review, and case study development, this Review identified enablers and barriers to implementation of the Third Action Plan. These enablers included the use of place-based and codesign approaches, the use of a specialist DFV workforce, collaboration and leadership commitment (Section 4.1.1). In contrast, implementation barriers included disruptions due to COVID-19 pandemic, workforce capability and capacity challenges, data sharing constraints and insufficient resources (Section 4.1.2). While some of these factors are applicable across all actions and implementing agencies, some factors were context specific (this is explored in Section 4.2).

### 4.1.1 Enablers

A number of enablers have been identified to have driven success in the implementation of the Third Action Plan. These include:

- Place-based and codesign approach toward implementation
- Establishment of specialist DFV workforce to support frontline service delivery response
- Collaboration across implementing agencies
- Leadership commitment.

#### **4.1.1.1 Place-based and codesign approach toward implementation**

**Place-based approaches towards the design and implementation of programs / services were said to improve the likelihood of successful implementation because this enables interventions to be tailored to meet the needs of specific groups and communities.**

During consultations, government stakeholders cited examples of the different approaches used to embed codesign elements in the implementation of actions under the Third Action Plan, including:

- Engaging local stakeholders prior to implementation to understand contextual changes that are required.
- Adopting a codesign process that brings together representatives from the broader community to inform the design of overarching strategies.
- The flexibility to adapt actions to account for the needs of individual communities provides more autonomy for frontline workers to draw on their understanding of a community's needs and empowers them to innovate the implementation of actions.
- A codesign process in collaboration with the community brings other stakeholders along the journey of policy design and implementation. This is especially important for areas with disproportionately higher representation of marginalised groups such as Aboriginal and Torres Strait Islander peoples.
- Facilitating a process to encourage organisations to submit funding applications for community-specific initiatives that would contribute to the achievement of objectives. For example, as part of DSDSATSIP's Local Thriving Communities initiative, the department works with remote Aboriginal and Torres Strait Islander communities to develop and implement DFV action plans and a social reinvestment project targeting DFV (see Box 1: Local Thriving Communities below).

#### **Box 1: Local Thriving Communities (LTC)**

LTC is a long-term, holistic reform that reframes the relationship in how government and Aboriginal and Torres Strait Islander communities work together. It embeds a high-expectations relationship between government and community so that service design and delivery better meet the needs of each community. The Queensland Government has committed to support Aboriginal and Torres Strait Islander communities to make decisions about their own future, build on their strengths as a community and invest in the things that will make communities stronger and make a difference to people's lives.

LTC supports several programs in Aboriginal and Torres Strait Islander communities that embed community leadership and management of local priorities, consistent with the LTC reform. The Department is providing Hope Vale Aboriginal Shire Council and Torres Strait Island Regional Council with \$175,000 each over 12 months to develop a locally led DFV Action Plan based on community priorities. Hope Vale has established a Community Safety Committee to guide development of the action plan, including a proposed men's cooling-off facility. Torres Strait Island Regional Council is working on a community-led review and gap assessment to guide investment. The Department is also providing \$150,000 over 12 months to support the Yarrabah Aboriginal Shire Council with a DFV social reinvestment project aimed at addressing the underlying causes of crime and violence against women and children, with savings reinvested into strategies that strengthen the community and prevent crime.

Stakeholders cited several examples of successful place-based approaches. In addition to the Local Thriving Communities program, there is the delivery of Family Wellbeing Services that draws on the cultural authority and experience of different Aboriginal and Torres Strait Islander Community-Controlled Organisations (ACCOs) (see Appendix H on Family Wellbeing Services) and Community Justice Groups who tailor their service delivery according to the needs of their individual communities (see Appendix K for an example of how a CJG in Mossman has adapted its service delivery).

#### **4.1.1.2 Establishment of specialist DFV workforce to support frontline service delivery response**

**The establishment of specialist DFV workers has ensured that frontline workers have access to specialised supports to implement DFV-related strategies and initiatives.**



During the period of the Third Action Plan's implementation (2019-22), several government departments established specialist divisions or DFV workforces to support the implementation of DFV-related strategies and initiatives. For example:

- The QPS established a DFV and Vulnerable Persons Command. The Command is made up of a diverse team of specialist members. These members provide a domestic, family violence and vulnerable persons lens over QPS systems, training and processes, which is envisaged to collectively strengthen their capability to respond to the needs of the communities.
- DCHDE established a Domestic and Family Violence Specialist Response team to support frontline housing staff and multiagency HRTs to identify safety issues, tailor housing assistance and coordinate with the broader service system.
- DJAG has expanded its specialist Domestic and Family Violence court to four more locations since the commencement of a trial court at Southport in 2015. Dedicated magistrates within the Southport Specialist Domestic and Family Violence Court (SDFVC) complete specific training in DFV and have a high degree of knowledge and experience of the complex legal framework underpinning DFV.

Stakeholders noted that the establishment of specialist DFV workforces has enabled them to respond to DFV incidents more effectively because frontline workers would have access to workers with specialist skills. Information sharing and capability building initiatives would in turn build the capability of frontline workers to recognise and effectively respond to DFV incidents. This has enabled government departments to provide strategic and operational advice to support the delivery of service-wide reforms. For example, DCHDE's specialist DFV team works collaboratively with frontline workers to tailor the design of housing solutions to support DFV victims and their children (this is explored in Appendix L on housing).

However, it is acknowledged that the specialist teams are currently small or only available in specific locations as it is still relatively new. There is a risk of potential over-reliance on the small team of specialist DFV workers within central government departments to address all operational and strategic DFV issues. Thus, it will be important for specialist team members to support sharing of essential victim and perpetrator information to enhance support and capability building initiatives to build the broader capability of frontline workers to support DFV victims.

#### **4.1.1.3 Collaboration across implementing agencies**

##### **Collaboration across frontline agencies has improved due to formal governance arrangements and the development of relevant guidance.**

There was general acknowledgement that the level of collaboration among frontline agencies has continued to improve over time. This is underpinned by formal governance groups, such as the DFSV Executive Group and HRT line managers' meetings in regional areas (as part of an area's integrated service response). In particular, the DFSV Executive Group was commended as an effective platform for keeping informed about the implementation of the Third Action Plan, key priorities for the sector and potential gaps. Additionally, the development of best practice resources, such as the Information Sharing Guidelines and the DFV CRASF, also helped to create a common language and understanding of referral pathways and support procedures. Stakeholders also shared anecdotal examples of how professional development opportunities facilitated networking opportunities for government and nongovernment DFV workers.

While overall collaboration has generally improved, the extent of improvement appears to vary by location. Stakeholders identified scope to develop a more consistent understanding of the roles of agencies and individuals who are involved in service delivery. In some locations, the level of collaboration among frontline agencies is dependent on a particular individual or team. This means that changes to workforce personnel can impact these arrangements. Furthermore, some stakeholders also noted that the level of collaboration across areas with established integrated service responses tends to be higher than areas that do not have structured arrangements to



support integrated service responses.<sup>14</sup> These differences partly reflect the variation in frontline workers' knowledge and skills on DFV supports. Frontline worker agencies expressed preference to work more collaboratively with other support services, such as NGOs, but are limited as they often do not have a clear understanding of the different services that exist in a location.

This identified scope to develop a shared understanding of the DFV support service system and common DFV support approaches / protocols to support the continuous improvement in collaboration among frontline agencies.

#### **4.1.1.4 Leadership commitment**

##### **Leadership commitment is critical to drive the implementation of DFV-related strategies.**

Leadership, across multiple levels, is commonly cited as a key factor in driving effective implementation. This is evidenced by several examples raised in stakeholder consultations, such as:

- The leadership role of program coordinators at CJGs in supporting disadvantaged communities (see Appendix K on CJGs).
- The role of sporting or community club leaders in developing a culture of zero DFV tolerance.
- The role of school leaders in prioritising the implementation of respectful relationships education programs and creating a school culture that promotes gender equality (see Appendix E on respectful relationships).
- The role of workplace leaders in encouraging their staff to undertake relevant training and improve existing processes. For example, a director of a regional Queensland hospital emphasised activities, such as changing care practice, and encouraged DFV-specific training to improve the hospital's capacity to address DFV issues.
- Ministerial and department commitment in strategy documents to enhance supports for DFV victims.

Stakeholders commonly stated that implementing The Strategy is inherently challenging as it involves generational changes in attitudes, awareness and action. Leadership commitment is therefore important to maintain momentum throughout The Strategy's implementation period.

#### **4.1.2 Barriers**

This Review has identified several barriers which have reduced the capacity for the Third Action Plan to be implemented. These include:

- The COVID-19 pandemic
- Workforce capability and capacity issues
- Limited data sharing between agencies
- Insufficient resources.

##### **4.1.2.1 COVID-19 pandemic**

**The global COVID-19 pandemic led to a reprioritisation of funding and staffing resources and impacted the level of engagement with communities. However, some organisations were better positioned to modify their service delivery than others, due in part to the nature of supports provided.**

One of the most widely cited barriers to program implementation of the Third Action Plan reported by stakeholders was the impacts of the COVID-19 pandemic. The impacts were across two

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<sup>14</sup> High risk teams – a core component of integrated service responses – are currently operating in 8 locations (Cairns, Cherbourg, Ipswich, Logan/Beenleigh, Mackay, Moreton Bay, Mount Isa/Gulf).

channels. Firstly, lockdowns and travel restrictions meant that in-person activities were restricted or entirely replaced by virtual activities. For example, QPS was not able to implement its cultural change program (a Third Action Plan supporting action) due to competing priorities. The organisation was, however, able to run the program for sergeants and senior sergeants while also implementing smaller-scale programs, often in an online format. Another example of the disruptions caused by the pandemic was reported by frontline agencies, which were unable to directly engage Aboriginal and Torres Strait Islander peoples, with consequences on the implementation of actions that cater to these communities. Secondly, the pandemic caused a wider reprioritisation of staffing and financial resources from DFV services to pandemic-related health services.

The disruptive impact of COVID-19 on the implementation of actions was partially mitigated by government support to maintain continuity of service delivery during this period. In recognition of the need to recalibrate service delivery to respond to changing client needs or social distancing requirements, the Queensland Government established a “*Responding to COVID-19 in the sexual, domestic and family violence sector grants program*.” This program provided one-off grants to support DFV services to respond to maintain continuity in service delivery during COVID-19. A total of 23 organisations received funding from this program to modify their services.<sup>15</sup> An example of how the grant program supported the online delivery of a men’s behaviour change program is provided in Appendix I. Beyond this grant program, some organisations were also able to rapidly transition to virtual service delivery – such as WorkUP’s facilitation of online professional development sessions (see Appendix J on WorkUP). However, there is insufficient information to assess the extent to which the implementation of the Third Action Plan directly benefitted from this grant program.

#### **4.1.2.2 Workforce capability and capacity issues**

##### **The limited availability of appropriately skilled workers and challenges associated with high workloads were commonly highlighted as key barriers.**

Providing DFV support services is complex, challenging and highly specialised. The development of a skilled and committed workforce is critical to the delivery of actions. While the sector has benefitted from the work of passionate and highly skilled individuals, there is general acknowledgement from sector stakeholders that the DFV workforce is generally experiencing high turnover, heightened burnout and recruitment challenges. Stakeholders commonly noted that staffing resources are particularly scarce in the sector. This situation is driven by several factors:

- DFV roles were often embedded within existing roles, which means that workers must manage multiple competing priorities.
- While qualification requirements are critical to support high-quality service delivery, this limits the pool of suitable candidates (this is explored further in supporting outcome 5 – see Chapter 9).
- Some roles were funded on a fixed rather than ongoing basis, which has impacted workforce retention.
- There was a general preference for workers to support victims rather than perpetrators, and this has meant that perpetrator-related services face more significant recruitment and retention challenges.
- There is insufficient existing workforce capacity to manage the significant increase in DFV incidents.

It is important to note that steps are being taken to improve the capacity and skillset of the DFV workforce through WorkUP that delivers a host of supports to improve the capacity of the sector (see Appendix J on WorkUP case study). These range from personal development programs through to workforce planning services, and it is expected that this will assist in alleviating workforce capability and capacity issues into the future.

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<sup>15</sup> DJAG (2021) Responding to COVID-19 in the sexual, domestic and family violence sectors grants program.

#### 4.1.2.3 Limited data sharing between agencies

##### **The lack of consistent information sharing systems, limited understanding of relevant guidance, and broader culture of risk aversion had impacted the level of information sharing among agencies**

Inconsistent and limited information sharing was commonly highlighted as a key barrier by stakeholders as it prevented frontline agencies from delivering DFV-related support services in a timely and effective manner. A major driver of this barrier is inconsistent levels of understanding of relevant legislation (information sharing amendments to *the Domestic and Family Violence Prevention Act 2012*) and resources (the DFV Information Sharing Guidelines), particularly among frontline workers who do not specialise in providing DFV-related supports. Frontline agencies also have an obligation to adhere to other data sharing legislation, undermining their ability to share information quickly. This lack of understanding was reported to create a culture of risk aversion in relation to information sharing. Stakeholders shared anecdotal examples of legislation impacting outcomes for victims – for example, when an individual presents DFV-related symptoms at a hospital, their information is not shared with other frontline agencies due to uncertainty around confidentiality requirements.

The absence of a consolidated DFV information and data sharing systems has also impacted the level of information sharing. Stakeholders perceived current information sharing systems to be disparate as government agencies collect information for different purposes on different systems that are unlinked. This indirectly increases the level of work burden among frontline agencies. For example, one stakeholder noted that:

*"We do not have the capacity to respond to all information requests. We would have to ensure that the information request meets legislative requirements and takes privacy considerations into account before this information is shared."*

It is acknowledged that work in this area has commenced among some frontline agencies – for example, QPS is working in partnership with Microsoft and Griffith University to explore cloud computing solutions to support data sharing systems. Existing information sharing challenges may also be addressed through the revision of the CRASF and Information Sharing Guidelines. It would be important to continue strengthening data collection and build greater openness towards appropriate information sharing so that positive outcomes are achieved for victims and perpetrators.

#### 4.1.2.4 Insufficient resources

##### **Resource constraints have prevented implementing agencies and nongovernment organisations from delivering actions at the intended scale.**

The consensus across multiple implementing agencies and nongovernment organisations is that there are insufficient resources to deliver actions articulated in the Third Action Plan. Some frontline agencies did not directly receive funding to implement DFV-related actions (this theme is explored further in Chapter 13 on efficiency). Some agencies therefore used existing staffing resources and/or reprioritise internal funding to deliver actions in the Third Action Plan. These resourcing constraints have also, in some cases, meant that where resources and funding are available for agencies and nongovernment organisations, resources need to be prioritised and are often allocated to the most severe cases.

One of the most significant gaps in resources was identified by stakeholders to be in relation to the supply of crisis housing and delivery of perpetrator intervention programs. Stakeholders cited examples of overcrowding and a lack of accommodation for perpetrators (to separate them from victims), particularly in regional areas (this is explored further in Chapter 9 – Supporting Outcome 5). With regards to perpetrator intervention programs, stakeholders noted that insufficient funding are allocated to men's behaviour change programs, which have impacted the providers' ability to expand program size to meet high demand (the issue of long waitlists for men's behaviour change program is highlighted in Chapter 10 – Supporting Outcome 6).

## 4.2 Enablers and barriers are impacted by location and demographics

While the enablers and barriers to The Strategy's implementation identified are applicable across settings, some are particularly relevant based upon location and demographics. Barriers and enablers identified by stakeholders and case studies to be particularly relevant in these circumstances are discussed in further detail below:

### **A place-based and codesign approach to program development was especially critical in regional and remote areas for targeting more diverse population cohorts.**

A place-based and codesigned approach to program development was found to be useful for delivery in regional and remote areas as well as in developing supports for diverse groups such as Aboriginal and Torres Strait Islander peoples and those from CALD backgrounds. This method allows programs to be built to address the more nuanced aspects and problems facing diverse groups and communities that state-wide policies may not be able to account for, while also leveraging community leadership.

The Mossman CJG is an example of a successful place-based approach in an Aboriginal and Torres Strait Islander community that uses culturally appropriate practices to support its community (see Appendix K for Mossman CJG case study). By capitalising on staff community connections, local Elder leadership, as well as the DFV support services available in the Mossman and Cairns areas, the Mossman EJC has been able to provide supports for some of the problems facing the community in a culturally appropriate way.

This approach can also help to build a sense of community ownership of issues and support organic development of DFV prevention initiatives. An example of this was identified in the WorkUP case study that identified a practice studio which supported CALD communities through a codesign approach (see Appendix J for WorkUP case study). In this practice studio, women's reproductive and sexual health resources were developed alongside the communities to provide resources they could have ownership over and make accessible to women in their communities to support their decision-making and autonomy. The success of this example lay in the ownership that communities felt for the final products.

### **Collaboration in regional areas generally manifests through informal relationship building.**

Regional stakeholders often reported that their capacity to offer formally integrated services, such as HRTs and DFV courts, was limited due to resourcing constraints. Instead, coordination of services would arise from collaboration between agencies and services often in through informal relationships. For example, governance groups were reportedly established to discuss local trends and capability availability and needs in regional areas. One governance group established the Moreton Bay Service Directory – a tool that broadly outlines the available DFV services, as well as services which best support different target groups such as Aboriginal and Torres Strait Islander peoples, LGBTIQ+, youth and children services and more. Through these collaborative efforts, regional areas have been able to make the most of the resources available to them despite limitations faced by the sector.

### **Workforce capability and capacity shortages are exacerbated in regional and remote areas**

While workforce capability and capacity issues are present across the DFV workforce, they are made more significant in regional and remote areas due to a more limited pool of workers. This is driven by less access to specialised workers who provide DFV supports as well as a generally smaller labour force to service the local population.

This problem becomes more apparent as services become more specialised, often leading to significant delays in service support and limited 24-hour support in regional and remote areas. This is both due to a limited number of specialised services (such as mental health and specialised counselling) available locally, as well as a dependence on services delivered by organisations from SEQ either online or through a FIFO delivery model.

Access to services is even more limited in remote areas where there are greater travel distances between towns and often limited Internet connectivity. Notably, this issue is larger than a funding problem – there simply are not enough people with appropriate qualifications or who would attain the necessary qualifications for services to be made available to these communities.

These additional barriers lead to significant service shortfalls in regional and remote areas, leading to worse outcomes that often affect specific target cohorts who require more specialised services (for example, young people).

**Actions are perceived not to be sufficiently tailored to specific diverse population cohorts, due in part to resourcing constraints.**

Actions from the Third Action Plan generally have not sufficiently catered to diverse population groups. A key driver of this has been the limited resources available for these groups, particularly for communities located in regional and remote locations. For example, perpetrators from diverse backgrounds may need adaption to be able to access behaviour change programs. Steps have been reportedly taken in some instances to provide translators to support perpetrators taking part in the programs, but there is scope for further adjustments to be incorporated to ensure programs are effectively targeted.

Stakeholders also reported that, due to resource limitations, there were limited supports and initiatives for young people who are either exposed to violence or have inflicted violence on others, as well as other groups such as LGBTIQ+ and people with disability. Notably, the Third Action Plan does include a range of actions that are targeted at specific population cohorts, such as the Disability Domestic and Family Violence Plan, but more work can be done to fully realise the extent to which these cohorts can be supported (see Appendix F – Disability case study).

**The COVID-19 pandemic may have had a greater negative impact on access to DFV-related supports in regional and rural populations**

During consultations, stakeholders suggested that the COVID-19 pandemic has also made it challenging to directly engage communities in regional and remote areas and from diverse communities. In particular, due to more limited services available locally, support is often provided by service providers operating out of South-East Queensland, something that, during lockdowns and periods of travel restrictions, had to be provided virtually. This issue was also present in locally delivered services; for example, Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) experienced reduced demand due to COVID-19 (see Appendix H on Family Wellbeing Services for Aboriginal and Torres Strait Islander families case study).

# 5 Supporting Outcome 1

## *To what extent do Queenslanders take a zero-tolerance approach to domestic and family violence?*

### **Key Findings**

#### **Knowledge on DFV**

Based on the Queensland Social Survey, recognition of the types and seriousness of DFV has been stable since 2017. At least nine in ten Queenslanders are able to recognise different forms of DFV-related behaviours. However, Queenslanders remain more likely to perceive physical actions, threats, and intimidation as forms of DFV in comparison to nonphysical forms such as psychological abuse, harassment, and financial control. Females are more likely than men to perceive nonphysical DFV as serious.

#### **Attitudes towards DFV**

There is generally high awareness of the seriousness of physical DFV. Awareness of the seriousness of nonphysical DFV has also improved over time.

#### **Behaviour – bystanders take appropriate action**

There are indications that Queenslanders are increasingly willing to take action if they become aware of nonphysical DFV involving their neighbours. However, this willingness does not appear to have resulted in action responding to family members, close friends, or neighbours, with self-reported action after being made aware of a DFV incident largely unchanged over the period 2017 to 2021. However, bystanders are more willing to respond to DFV incidences involving people they do not know well.

It is important to note that results reported in this chapter reflect the perspectives of the general Queensland population. Results may differ when responses are disaggregated by specific population cohorts (see Chapter 12 – Equity).

### **5.1 Objective of Supporting Outcome 1**

Supporting Outcome 1 considers the extent to which Queenslanders take a zero-tolerance approach to domestic and family violence. This outcome contributes more broadly to Foundational Element 1 of The Strategy - significantly shifting community attitudes and behaviours towards DFV in Queensland.

An important determinant of the prevalence of domestic and family violence in a community is the attitudes of a community towards domestic and family violence behaviours. Attitudes and stigmas can also impact the willingness of victim survivors to seek appropriate supports, as well as impact the willingness to act of bystanders.

The Third Action Plan outlines three actions to deliver under Supporting Outcome 1, including one signature action and two supporting actions. The aim of these actions include:

- Expand awareness and understanding of domestic and family violence for all Queenslanders, with a particular focus on raising awareness of nonphysical domestic and family violence and raising visibility of help and support services
- Raise community awareness, understanding and removing stigmas around reporting domestic and family violence impacting LGBTIQ people

Commercial-in-confidence

- Strengthen the QSS to improve its ability to gauge perceptions and attitudes toward domestic and family violence in Queensland society

The evaluation of this supporting outcome measures progress of The Strategy against the following specific questions in the Evaluation Framework:

1. To what extent have Queenslanders shown an improved understanding that all types of domestic and family violence are unacceptable?
2. How effective has The Strategy been in facilitating bystanders to take appropriate and safe action to prevent domestic and family violence?

## 5.2 Progress to date

The Queensland Government had made notable progress against all three actions that are associated with Supporting Outcome 1. Table 5.1 summarises progress undertaken against these individual actions. It is important to note that the desired outcomes for some actions take some time to occur and extend beyond the Third Action Plan delivery time frames.

Table 5.1 Progress of implementing Supporting Outcome 1 actions

Action included in the Third Action Plan	Progress to date
Expand awareness and understanding of domestic and family violence for all Queenslanders, with a particular focus on raising awareness of nonphysical domestic and family violence and raising visibility of help and support services	Under the Third Action Plan, key initiatives delivered continued to focus on changing community attitudes and behaviour. These include campaigns targeting people who may be experiencing DFV, bystanders, youth and LGBTQI+ communities.
Raise community awareness, understanding and removing stigmas around reporting domestic and family violence impacting LGBTQI+ people	See Appendix D for a case study that synthesises Enhance Research’s evaluation findings from four recent and ongoing campaigns: <ul style="list-style-type: none"><li>• COVID-19 and DFV Awareness Campaign</li><li>• DFV Help Seeking 2020-21 Campaign</li><li>• DFV General Awareness (Nonphysical) Campaign</li><li>• Campaign on Impacts of DFV Against People with Disability</li></ul>
Strengthen the QSS to improve its ability to gauge perceptions and attitudes towards domestic and family violence in Queensland society	The 2020 QSS included new questions to measure: <ul style="list-style-type: none"><li>• Awareness of different forms domestic and family violence</li><li>• Beliefs and actions regarding bystander responsibilities</li><li>• Attitudes toward domestic and family violence and gender equality</li></ul>

Source: DJAG, QGSO

## 5.3 Awareness of behaviours that constitute DFV (Knowledge)

**Queenslanders are more likely to perceive physical actions, threats and intimidation as forms of DFV in comparison to nonphysical forms such as psychological abuse, harassment and financial control.**

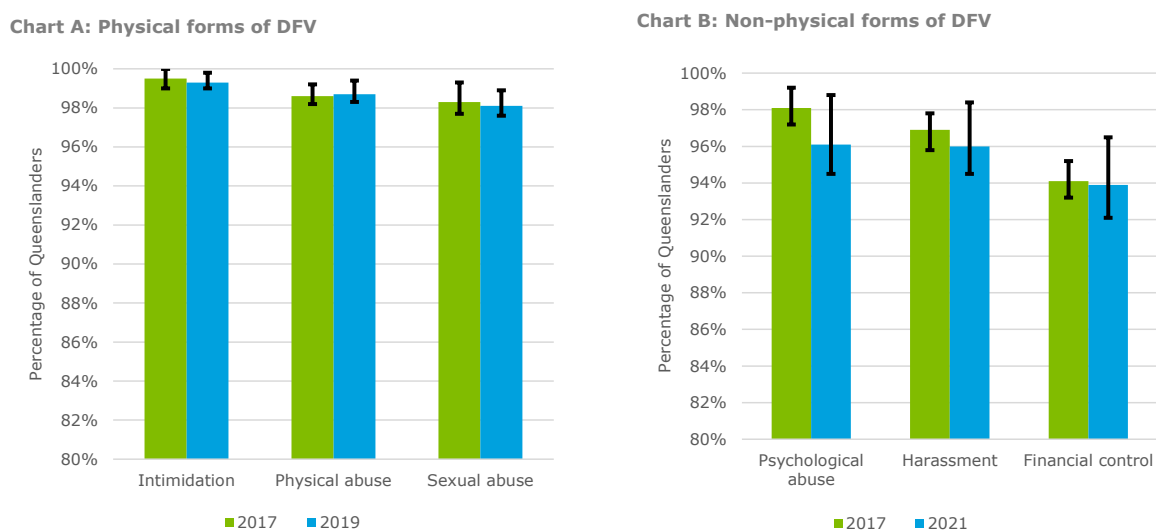
The QSS asks respondents for their level of agreement with a range of statements about whether certain behaviours constitute DFV. This section compares baseline results with the most recent results for each survey question. Baseline results were collected in 2017, except for where specified otherwise.

The survey results showed that more than nine in ten Queenslanders agree that threats and intimidation, physical abuse, sexual abuse, psychological abuse, harassment and financial control



are sometimes, usually, or always DFV (Chart 5.1). The degree to which Queensland society agrees that these behaviours are DFV has remained unchanged (differences are not statistically significant) since the commencement of the QSS in 2017 and 2019 for physical forms of DFV, and between 2017 and 2021 for nonphysical forms of DFV. This difference has also remained stable over time, and is consistent with other literature, such as findings by the Death Review Advisory Board (2016-17) and the National Community Attitudes towards Violence Against Women Survey by ANROWS.<sup>16</sup> As of 2020, the QSS has also surveyed the Queensland society on their views on the actions: 'Threatening to share intimate, nude, or sexual images of a partner' and 'preventing a partner from seeing family and friends.' An analysis of responses identifies scope to improve awareness of these forms of psychological abuse and harassment as forms of DFV – something the Queensland Government has begun a campaign to improve awareness of.<sup>17</sup> These themes are also observed when survey responses are disaggregated by specific population cohorts (see Chapter 12 – Equity).

Chart 5.1 Percentage of Queenslanders who believe certain actions are DFV<sup>18</sup>



Source: Deloitte Access Economics using QSS.

Notes: Perceptions of Queenslanders of physical forms of DFV were not asked in 2020 and 2021. Error bars are confidence intervals at 95%. Variables have been renamed to increase the ease of interpretation.

**Frontline staff consistently highlighted the importance of government campaigns and education initiatives in raising awareness of DFV and ensuring more victims receive supports.**

Those who deliver frontline services to the community observed that there is now increasingly greater recognition of the different types DFV actions, due in part to recent government campaigns to educate the public and media publications on unacceptable DFV behaviours. For example, stakeholders from different parts of Queensland said:

- There is now less stigma associated with talking about DFV at different community settings, including schools and workplaces.
- Demand for support services often increases after a DFV campaign has been launched.
- Advertisement materials, such as posters on buses or hospitals, have been effective. For example, a health worker said that DFV-related posters that promote hospitals as a safe space

<sup>16</sup> ANROWS. National Community Attitudes towards Violence against Women Survey. <https://www.anrows.org.au/research-program/ncas/>.

<sup>17</sup> Queensland Government Media Statements. New campaign puts focus on nonphysical forms of domestic and family violence. <https://statements.qld.gov.au/statements/92168>.

<sup>18</sup> Actions have been relabelled as follows: Intimidation - Trying to scare or control partner by threatening to hurt other family members; Physical abuse - Slapping or pushing a partner; Sexual abuse - Forcing partner to have sex; Psychological abuse - Repeatedly criticising partner to make them feel bad or useless; Harassment - Harassing partner via repeated phone or electronic means; Financial control - Trying to control partner by denying them access to money.



to talk about DFV have encouraged several victims to come forward about their own DFV incidents.

Education and advertising have increased demand for court services. This is a sign of success in communication strategies as well as increased willingness to seek help”.

- Frontline staff

## 5.4 Awareness of the seriousness of DFV (Attitudes)

**Queenslanders’ perceived seriousness of DFV has been broadly stable since 2017. However, physical DFV continues to be perceived to be more serious than nonphysical DFV.**

More than nine in ten Queenslanders agree that threats, intimidation, physical abuse, sexual abuse, psychological abuse, harassment and financial control are very or quite serious (Chart 5.2). This is based on the QSS that also collects data on whether certain DFV-related behaviours are considered serious.

The survey data indicates that Queensland's perception of the seriousness of actions has broadened over the period 2017 to 2021. Specifically, the proportion of Queenslanders that agree that financial control is quite or very serious has increased from 90.1% in 2017 to 95.0% in 2021. This correlates with Queensland Government campaigns in response to COVID-19 in 2020, which raised awareness of nonphysical forms of DFV. However, these nonphysical forms of DFV are still considered to be less serious compared to physical forms of DFV.

As of 2020, the QSS included further categories of DFV in their survey. The more recent QSS also surveyed the Queensland society on their views on the actions: ‘Threatening to share intimate, nude, or sexual images of a partner’ and ‘preventing a partner from seeing family and friends.’ More than nine in ten Queenslanders also agree that these actions are very or quite serious. However, QGSO’s analysis of survey data found that Queensland adults in 2021 were significantly less likely than those in 2020 to think that threatening to share intimate, nude, or sexual images of a partner in a domestic relationship without their permission was a form of DFV (93.9% versus 97.9%).

Chart 5.2 Percentage of Queenslanders who believe certain actions are DFV<sup>19</sup>

Chart A: Physical forms of DFV

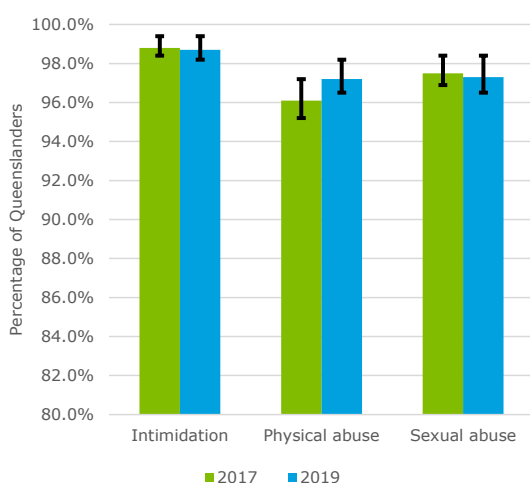
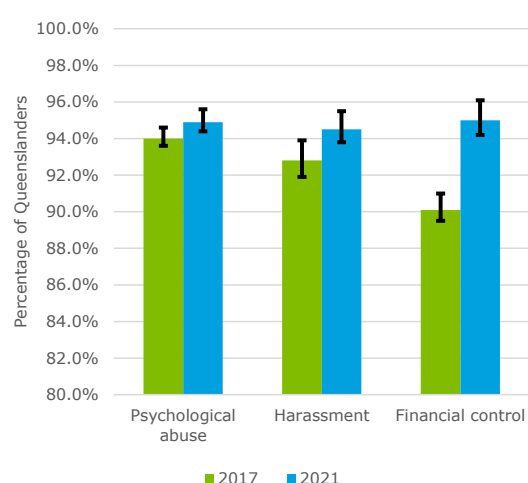


Chart B: Non-physical forms of DFV



Source: Deloitte Access Economics using QSS.

<sup>19</sup> Actions have been labelled as follows: Intimidation - Trying to scare or control partner by threatening to hurt other family members; Physical abuse - Slapping or pushing a partner; Sexual abuse - Forcing partner to have sex; Psychological abuse - Repeatedly criticising partner to make them feel bad or useless; Harassment - Harassing partner via repeated phone or electronic means; Financial control - Trying to control partner by denying them access to money.

Notes: Perceptions of Queenslanders of physical forms of DFV were not asked in 2020 and 2021. Error bars are confidence intervals at 95%. Variables have been renamed to increase the ease of interpretation.

**Females are more likely than men to perceive nonphysical DFV as serious.**

Of concern, males were significantly less likely than females to think that the above action was a form of DFV. The QSS results indicated that there remain differing views between males and females as to what amounts to DFV. The degree to which Queenslanders take a zero-tolerance approach to DFV is measured by the degree to which they believe behaviours are ‘always’ considered DFV, and the degree to which these behaviours are considered ‘very serious.’ While males and females share similar perspectives regarding the degree to which physical behaviours are DFV, males are less likely to view nonphysical behaviours as ‘always’ DFV (Chart 5.3).

This finding was similarly echoed by government stakeholders. There was general acknowledgement that gender stereotyping and gender inequality remains prevalent in certain segments of the society, which is said to drive greater tolerance towards DFV-related behaviours. Some community members remain tolerant towards inappropriate DFV-related actions – for example, they would say “*boys are just like that*” in response to DFV incidents. Some stakeholders highlighted the challenge of addressing this due to cultural norms where men play a more dominant role (this is explored further in Chapter 12 – Equity). This indicates that there is further scope to educate the public – particularly men – on the seriousness of physical and nonphysical DFV.

Chart 5.3 Percentage of Queenslanders that believe certain actions and behaviours are ‘always’ DFV by gender

Chart A: Physical forms of DFV (2019)

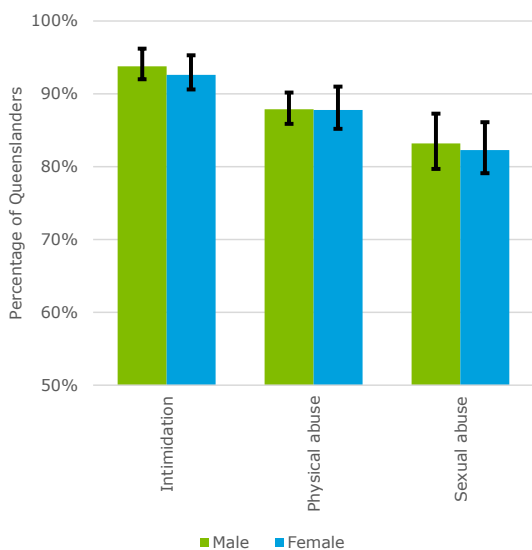
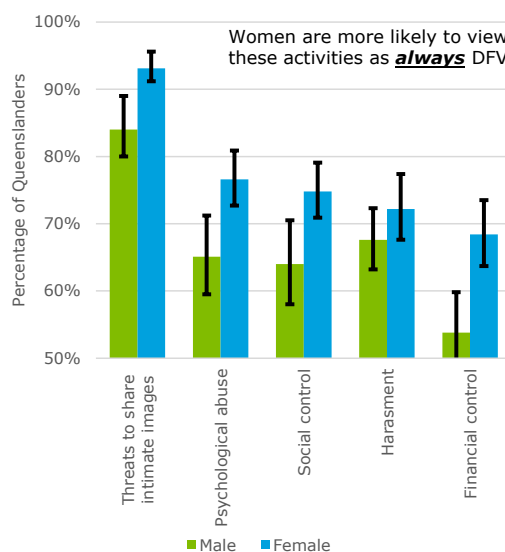


Chart B: Non-physical forms of DFV (2021)



Source: Deloitte Access Economics using QSS. Notes: Error bars are confidence intervals at 95%. Variables have been renamed to increase the ease of interpretation. Perceptions of Queenslanders of physical forms of DFV were not asked in 2020 and 2021.

**5.5 Bystanders’ willingness to take action (Attitude)**

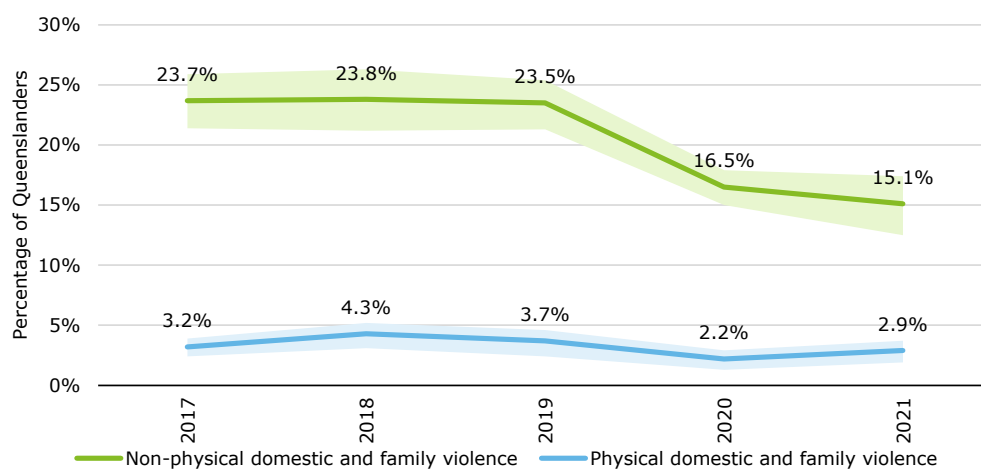
**There are indications that Queenslanders are increasingly willing to take action if they become aware of nonphysical DFV involving their neighbours.**

Most survey respondents indicated that they would take action if they were aware of instances of physical DFV. However, there also appears to be increased willingness to take action for nonphysical DFV incidents. The proportion of survey respondents who stated that they would do nothing if they became aware of nonphysical acts of DFV has decreased from 23.7% in 2017 to 15.1% in 2021 (Chart 5.4). This reflects a statistically significant result at the 95% level of confidence. This change has been

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driven by changes in perspectives of men and people aged 18 years to 34 years and 55 year and over and is true across Queensland at the 95% level of confidence.

Chart 5.4 Percentage of Queenslanders who report they would do nothing if they became aware of DFV occurring with a neighbour



Source: Deloitte Access Economics using QSS.

Notes: Shading are confidence intervals at 95%.

## 5.6 Bystanders take action after becoming aware of DFV (Behaviour)

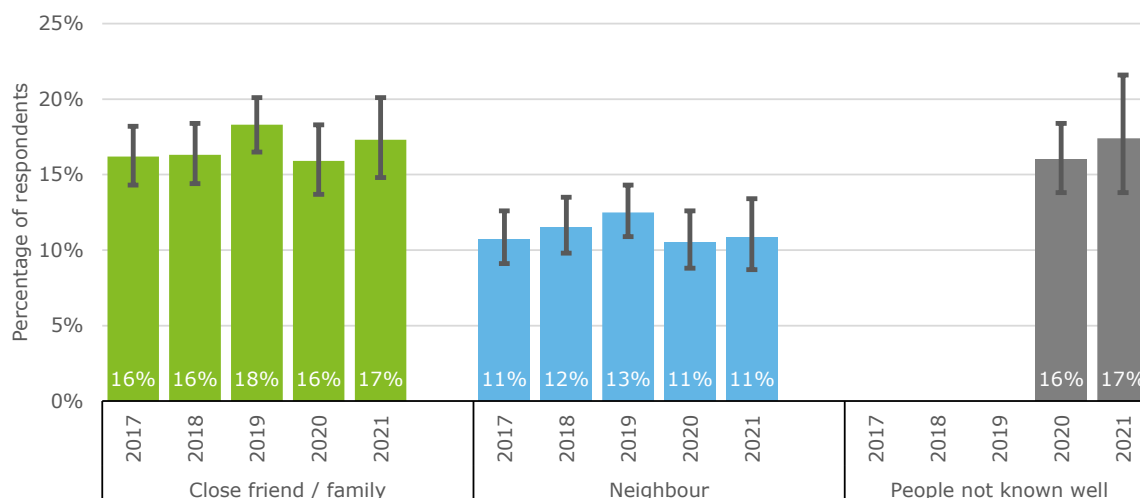
**QSS data indicates that bystander awareness of DFV has generally remained relatively stable since the commencement of the Strategy. The COVID-19 pandemic may have, however, contributed to an increase in the number of DFV incidents in 2020-21.**

Based on QSS data, bystander awareness of DFV has been stable since the commencement of The Strategy. Overall, at least 17% of Queenslanders were aware of domestic and family violence involving a close friend or family member in 2021; consistent with the proportion of Queenslanders in 2017 (Chart 5.5).

However, as discussed throughout this report, the COVID-19 pandemic has led to an increase in reported domestic and family violence incidence across Australia. Research conducted by the Australian Institute of Criminology shows that there was an increase in domestic and family violence during the initial months of the COVID-19 pandemic. The researchers conducted an online survey of 15,000 Australian women and found that 4.6% of women has experienced domestic and family violence during the period March to May 2020. Further, two-thirds of these women identified that the violence had begun or increased during the COVID-19 lockdown period.<sup>20</sup>

<sup>20</sup> Australian Institute of Criminology (2020). The prevalence of domestic and family violence among women during the COVID-19 pandemic.

Chart 5.5 Proportion of Queenslanders that were aware of domestic and family violence in the past 12 months, by relationship with the parties



Source: QSS (2021)

Notes: Survey questions were changed for *People not known well* in 2020, so prior results are not comparable. Therefore, survey results from 2017 to 2019 are not presented.

**Bystanders are more willing to respond to DFV incidences involving people they do not know well. However, the proportion of people that called the police when made aware of DFV involving close friends or family members remains low.**

QSS also included questions that asked about survey respondents’ actual reaction to DFV incidents involving close friends / family and strangers. Results show that the proportion of Queenslanders who did not do anything when they were made aware of DFV involving close friends or family members, or neighbours has not changed over the period 2017 to 2021 (Chart 5.6). Specifically, approximately one in three Queenslanders that were aware of DFV involving their neighbours, and one in six Queenslanders aware of DFV involving close friends or family members responded that they did not do anything (Chart A and Chart B). This highlights that there is still room for improvement in supporting Queenslanders to take action against DFV after becoming aware of incidents.

There has been an improvement in the degree to which bystanders respond to DFV involving people they do not know very well. In 2021, approximately half of all Queenslanders that were aware of DFV involving someone they did not know well said that they *talked with the victim or perpetrator about the incident later*. This is an increase from approximately 30% of Queenslanders in 2020 (Chart 5.6; Chart C).

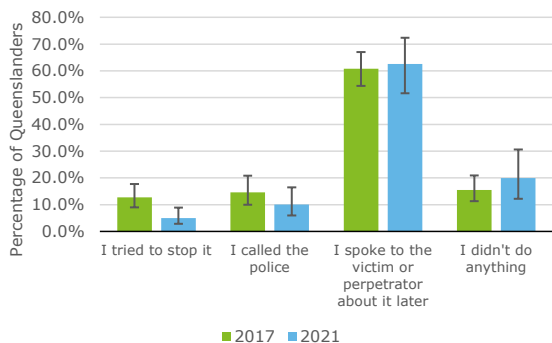
Further, there remains some barriers to people seeking appropriate supports in response to DFV. This is evidenced by QSS survey results, which show that just 10% of bystanders that were aware of DFV involving close friends or family members called the police. During stakeholder consultations, government stakeholders acknowledged that some segments of the society do not trust government services due to a range of factors. Those who were based in regional areas said victims were worried about contacting government services due to privacy considerations. One stakeholder suggested that:

“There are smaller degrees of separation in regional areas. Everyone knows everyone. This affects victims’ willingness to report DFV incidents.”

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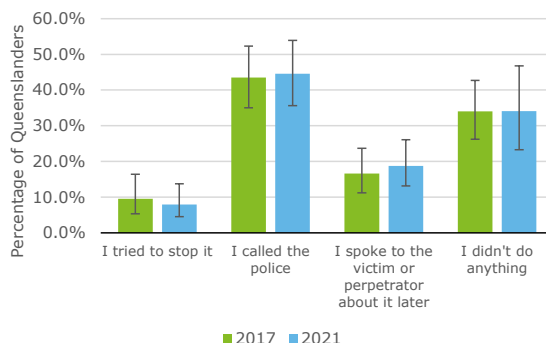
Chart 5.6 How people responded to DFV they were aware of

Chart A: DFV involving family or close friend



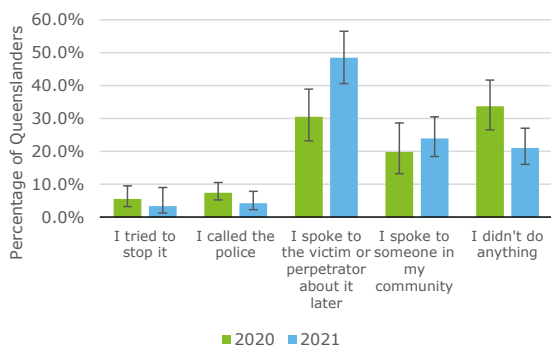
Source: Deloitte Access Economics using QSS.

Chart B: DFV involving neighbours



Source: Deloitte Access Economics using QSS.

Chart C: DFV involving people not known well



Source: Deloitte Access Economics using QSS.  
Notes: Data is not comparable for years prior to 2020 due to a change in survey method.

Source: Deloitte Access Economics using QSS.

Notes: Error bars are confidence intervals at 95%.

# 6 Supporting Outcome 2

*Are respectful relationships and nonviolent behaviour embedded in our community?*

## **Key findings**

### **The implementation of respectful relationships education**

All state schools offer respectful relationships education as part of the delivery of the Australian Curriculum. Further, approximately three quarters of state schools offer additional Respectful Relationships Education Programs to complement curriculum delivery as of 2021. The proportion of state schools offering the Queensland Government's RREP has increased steadily from 29.6% in 2018 to 35.6% in 2021, indicating that in 2021, almost half of the state schools that had implemented other respectful relationships programs used the Queensland Government's RREP.

### **Perceptions of respectful relationships in Queensland and gender equality**

There is wide support for respectful relationships to be taught to children in the Queensland community. However, the Queensland community is less inclined to agree on the role of gender inequality and gender biases as drivers of DFV.

### **Impact of respectful relationships education**

A pilot evaluation was undertaken by Our Watch to evaluate the implementation of a whole-of-school approach to respectful relationships education in primary school settings, with a focus on respectful relationships education implementation in years 1 and 2. The evaluation found that the pilot generated changes in gendered perceptions such that students were:

- Less likely to consider traditionally masculine jobs and activities as only for boys
- Less likely to consider traditionally feminine jobs and activities as only for girls
- More flexible about which gender should do traditionally masculine and feminine jobs and activities

### **Perceptions of fairness and respect in schools**

- Approximately nine in ten parents/caregivers, students, and school staff agree that their schools foster respectful relationships and mutual respect between students as of 2021. However, students are less likely than parents and school staff to agree that students are treated fairly, regardless of gender.
- Additionally, evidence suggests that, as of 2019, students from CALD backgrounds (proxied through those who speak a language other than English) and Aboriginal and Torres Strait Islander students are less likely to agree that they are treated fairly by teachers. Additionally, secondary school students are less likely than primary school students to agree they are treated fairly by teachers.

## **6.1 Objectives of Supporting Outcome 2**

Supporting Outcome 2 is to embed respectful relationships in Queensland communities by improving Queenslanders' understanding of gender roles and healthy and respectful relationships. This is expected to lead to a long-term reduction in domestic and family violence by addressing 'root causes' of domestic and family violence in society.

The Third Action Plan outlines one signature action to deliver under Supporting Outcome 2. This was to continue to support schools to embed respectful relationships education and build a culture

of respect and gender equality by promoting a whole-of-school approach and building teacher capacity to deliver respectful relationships education, one of those options being DOE's RREP. Based on a status report to the Department, DOE has undertaken consultation on the professional development requirements for the delivery of respectful relationships education. A proposal to engage several Principal Advisors to support the implementation of respectful relationships education has been supported. Work to develop tools and an online training program on using a whole-of-school approach to respectful relationships education is underway.

DOE aims to continue to support schools to embed respectful relationships education in the following ways:

- Building school and teacher capacity and confidence to deliver respectful relationships education
- Promoting a whole-of-school approach to respectful relationships education, including a communication plan
- Developing strategies based on key learnings from the Our Watch pilot

Evaluation of this supporting outcome measures progress of The Strategy against the following specific evaluation questions:<sup>21</sup>

- To what extent do students display increased respectful relationships and behaviours?
- Are schools embedding respectful relationships and gender equality within their school community?
- Are teachers confident in their ability to deliver respectful relationships education and believe it is important to provide respectful relationships education in schools?
- To what extent does the Queensland community believe it is important to educate children and young people about respectful relationships?
- Does the Queensland community challenge traditional gender stereotypes and roles, and values gender equality?

## 6.2 The implementation of respectful relationships education

**All state schools deliver respectful relationships education either through the curriculum and / or pastoral care programs. Most schools also embed respectful relationships within their school community – for example through the implementation of DOE's RREP.**

### Box 2: What is respectful relationships education?

Respectful relationships education (RRE) focuses on addressing the underlying drivers of gender-based violence by challenging attitudes about violence and gender construction while also enabling students to develop behaviours leading to equitable and respectful relationships. The Strategy aims to support all schools to deliver an accredited respectful relationships education program in response to Recommendation 24 of the *Not Now, Not Ever* Report.

In Queensland, there are two main ways that RRE is delivered:

1. The Australian Curriculum: Health and Physical Education and pastoral care programs
2. The Respectful Relationships Education Program (RREP).

**All Queensland students are delivered RRE as part of the Australian Curriculum: Health and Physical Education from Prep to Year 10 and through pastoral care programs in Years 11 and 12.** Teachers review curriculum and program delivery regularly to ensure what is delivered is aligned with requirements of the Australian Curriculum's achievement standards and is meeting the needs of all learners. In addition to curriculum requirements, the RREP was developed by the Queensland Government to augment the Australian Curriculum. It provides additional resources aligned to the Australian Curriculum and is made available to all Queensland state and nongovernment schools. Schools can modify these materials to suit the contexts and needs of

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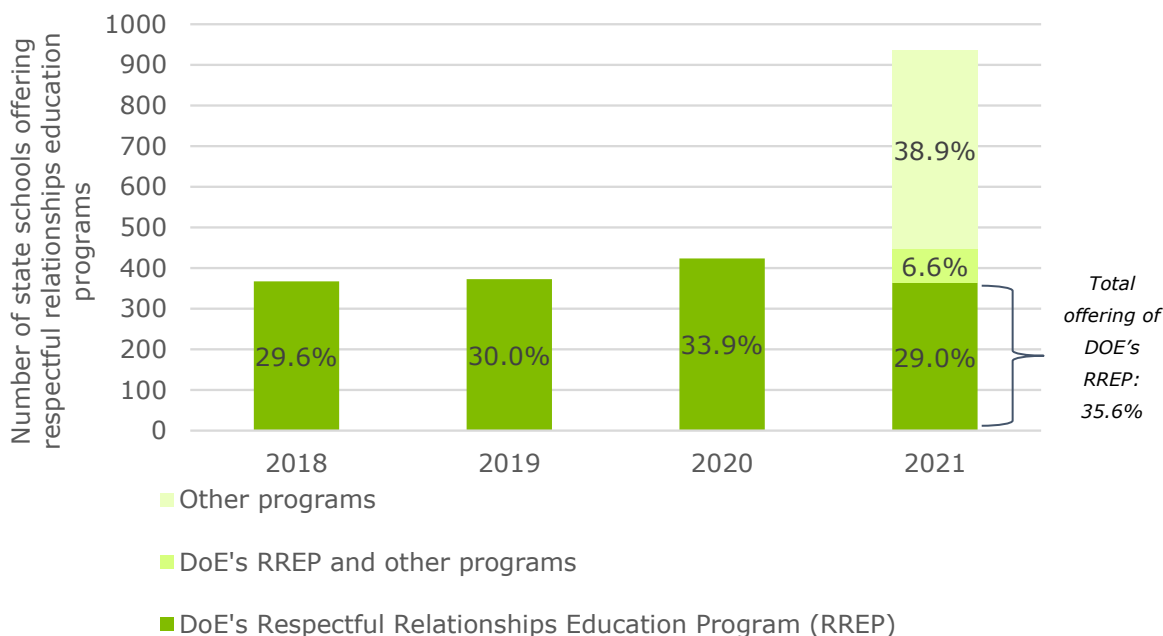
<sup>21</sup> Supporting Outcome 2 outcomes listed in Queensland Government (2021) Revised Indicator Matrix of the Evaluation Framework for the Domestic and Family Violence Strategy (2016-2026) as of October 2021.

their schooling community. Some schools may also use other RRE programs or materials developed by other providers. Principals make decisions about the use of external materials and/or external providers to ensure they are relevant to the needs of learners and consider the expectations of parents and carers.

As of 2021, approximately three quarters (74.9%) of state schools have implemented either the RREP or another RRE program to complement curriculum delivery (Chart 6.1). Evidence also suggests that the percentage of state schools offering the Queensland government’s RREP has increased steadily from 29.6% in 2018 to 35.6% in 2021. This means that almost half of the schools delivering additional RRE programs are delivering the Queensland Government’s program.

It should be noted that this data is only indicative of overall take-up; it is not possible to confidently determine if there has been growth over time in the use of ‘other’ RRE programs across Queensland state schools as data on external respectful relationships education programs has only been captured for 2021.<sup>22</sup> No centralised information is held in relation to the quality of external respectful relationships education programs. However, it is acknowledged that DOE will be releasing a RRE Quality Assurance checklist in the near future to provide principals and teachers with guidance for reviewing RRE resources and materials.

Chart 6.1 School offerings of respectful relationship education programs



Source: Deloitte Access Economics using DOE provided data.

Note: ‘Other programs’ refers to respectful relationships education programs and activities other than the program developed by the Queensland Government. Data for ‘Other programs’ is only available for 2021.

### 6.3 Respectful relationships and gender equality in schools

**Approximately nine in ten parents/caregivers, students and school staff agree that their schools foster respectful relationships and mutual respect between students as of 2021. However, students are less likely than parents and school staff to agree that students are treated fairly, regardless of gender.**

The degree to which the schooling community models respectful relationships and gender equality supports the school’s ability to change gender attitudes and challenge gender biases. The DOE’s School Opinion Survey (SOS) is administered to all Queensland state schools on an annual basis

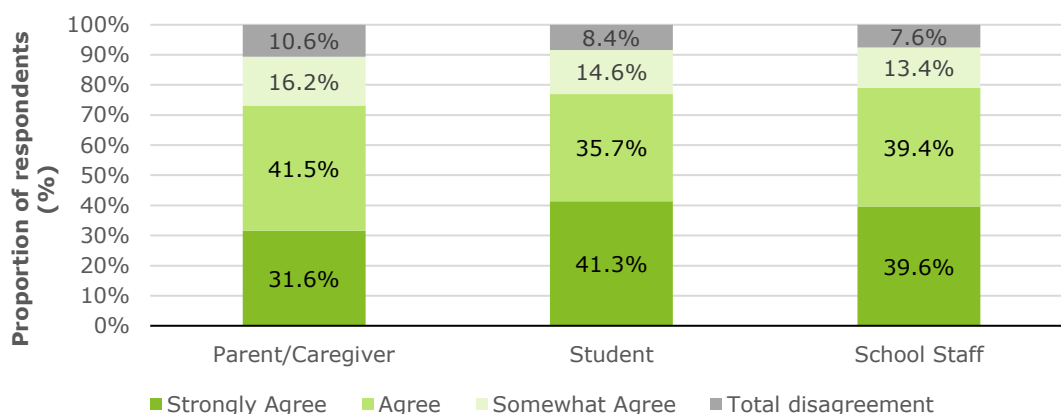
<sup>22</sup> For example, it is possible that as implementation of the Queensland government’s RREP has increased, use of external respectful relationships education programs has decreased, potentially counteracting this trend. Therefore, this data is not sufficient in validating overall trends since 2018.



and asks parents/caregivers, students, school staff and principals a range of questions to gauge agreement across a range of criteria. Several survey questions provide information on perceptions of fairness, equality, safety, and respect.

Overall, approximately 90% of surveyed students, parents/caregivers and school staff agree that their schools foster respectful relationships and mutual respect (Chart 6.2). Notably, school staff are most likely to agree (92.4%), followed by students (91.6%) and parents/caregivers (89.4%). Unfortunately, 2021 was the first year this question was asked, so it is not possible to analyse how these perceptions have changed over time.

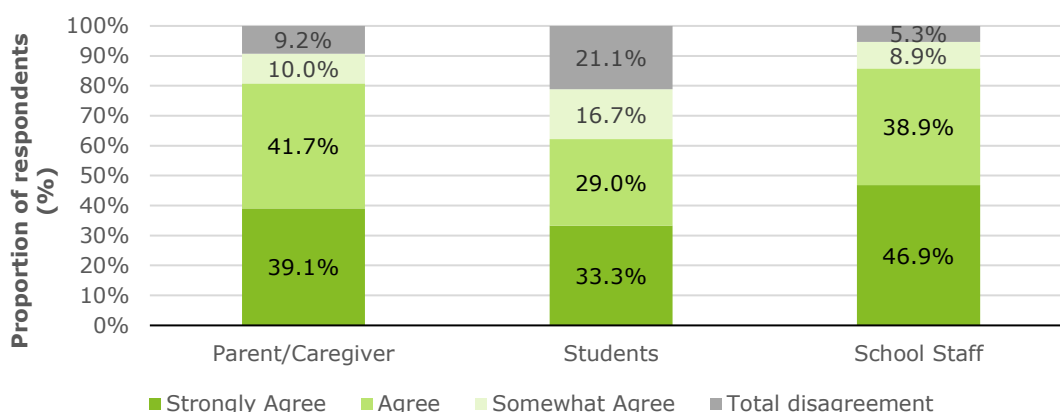
Chart 6.2 Percentage of parents, students, and teachers who agree their school fosters respectful relationships and mutual respect, 2021



Source: Deloitte Access Economics using SOS.

However, an assessment of perceptions on the extent to which schools treat students equally and regardless of gender identified a gap between the perceptions of students, school staff and parents/caregivers (Chart 6.3). Where 21.1% of students disagreed that they are treated equally, regardless of gender; 9.2% of parents; and 5.3% of teachers disagreed that students are treated fairly regardless of gender. This suggests that there is a gap between the perceptions of students, parents and school staff on the degree to which school staff treat students fairly, regardless of gender.

Chart 6.3 Percentage of parents, students and teachers who agree their school treats students equally regardless of gender, 2021



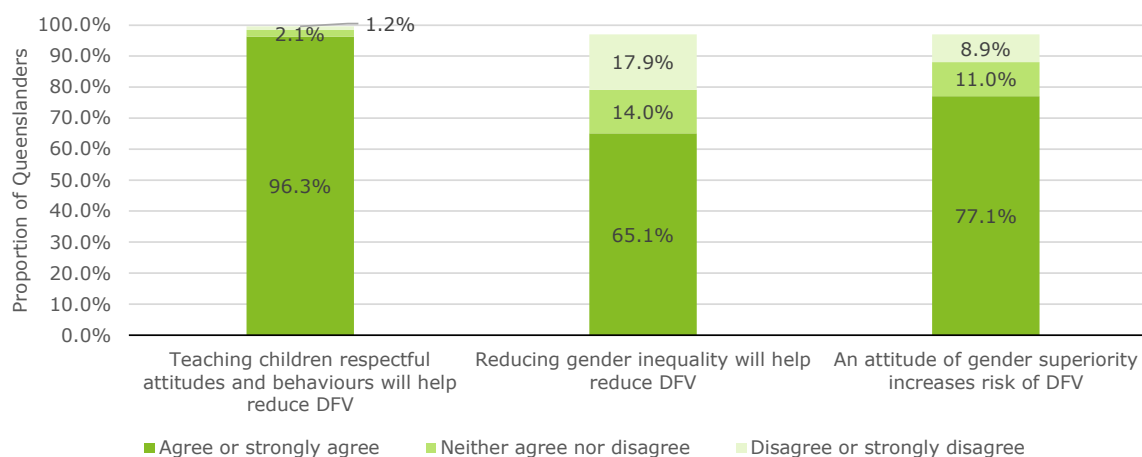
Source: Deloitte Access Economics using SOS.

**The broader community values respectful relationships and nonviolent behaviour. While there is wide support for respectful relationships to be taught to children, there is less agreement on the role of gender inequality and gender biases as a driver of DFV.**

Results from the QSS indicate that 96% of Queenslanders agree that teaching respectful relationships in schools will help to reduce DFV (Chart 6.4). There has been no change observed in agreement with this question over time or across demographics.

However, almost one in three Queenslanders (31.9%) do not agree that reducing gender inequality will help reduce DFV. Further, almost one in five Queenslanders (19.9%) do not agree that an attitude of gender superiority increases the risk of DFV. This indicates that there is a low level of understanding of the role of gender inequality and biases in DFV among the adult Queensland population. This finding is also supported by a wide body of literature.<sup>23</sup>

Chart 6.4 Respectful relationships and gender inequality perspectives, 2021



Source: Deloitte Access Economics using QSS.

Note: Responses do not add to 100% due to "I don't know" responses and some nonresponses.

These findings are consistent with views on gender equality held across Australian society through the National Community Attitudes toward women and gender equality survey (1995-2017).<sup>24</sup> This survey measures Australian's views on gender equality and gender biases over the period 1995 to 2017 and finds that, while there has been improvements in Australian's views of gender equality over time, there is still room for improvement, such as addressing ongoing perceptions on the suitability of telling sexist jokes and gender stereotypes and roles. Further, there is an opportunity to strengthen Queenslanders' understanding of the link between these gender biases and DFV.

## 6.4 Impact of respectful relationships education on student attitudes

### A respectful relationships education pilot for students in a small sample of schools found promising impacts on the attitudes and biases towards gender stereotypes among students.

The respectful relationships education in primary school pilot case study (Appendix E) identified that RRE has the capacity to change behaviour and perceptions of both students and teachers when utilising a whole-of-school approach. This evaluation was conducted by Our Watch, and found that over the course of the pilot, girls and boys in years 1 and 2 were:

- Less likely to consider traditionally masculine jobs and activities as only for boys
- Less likely to consider traditionally feminine jobs and activities as only for girls

<sup>23</sup> Australian Parliament House (2016). Gender inequality and domestic violence. [https://www.aph.gov.au/parliamentary\\_business/committees/senate/finance\\_and\\_public\\_administration/dvgenderinequality/~media/Committees/fapa\\_ctte/DVgenderinequality/c02.pdf](https://www.aph.gov.au/parliamentary_business/committees/senate/finance_and_public_administration/dvgenderinequality/~media/Committees/fapa_ctte/DVgenderinequality/c02.pdf).

<sup>24</sup> ANROWS. National Community Attitudes towards Violence against Women Survey. <https://www.anrows.org.au/research-program/ncas/>.

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- More flexible about which gender should do traditionally masculine and feminine jobs and activities.

This demonstrates the progress that RRE can generate in changing behaviour and attitudes about gender roles and stereotypes. A host of enablers and barriers to program implementation were also identified in the case study, as outlined below in Table 6.1.

Table 6.1 Enablers and barriers for RRE implementation

Enablers	Description
School readiness and commitment	Implementation of RRE is enhanced when there is a willingness and commitment to the whole-of-school implementation of RRE and when a school has a culture which is open and receptive to gender equity.
Explicit teaching of age-appropriate, gendered content challenges gender constructs	The explicit teaching of age-appropriate, gendered content in Years 1 and 2 was correlated with improvements to students' gendered attitudes.
Professional learning	Professional learning undertaken by school leaders, implementation teams and teaching staff improved their confidence to deliver RRE.
Flexibility in delivery using a place-based approach	RRE is enhanced when it is adapted to be relevant to the contextual setting of the community a school resides in.
Barriers	Description
The capacity of schools to deliver a whole-of-school approach to RRE	The delivery of RRE requires a long-term commitment to allow sufficient times for schools to build and strengthen all components of the approach - including ensuring that staff members have the opportunity to attend professional development. This may be a barrier to more widespread implementation of RRE as the level of staffing capacity would vary by individual school.
Staff perceptions of challenges to gender stereotypes and societal structures	Cultural change programs often face resistance and RRE is no different. Building staff awareness of gendered assumptions was found to be an important step in changing gendered attitudes, norms and structures that drive gender-based violence.
Community and media perceptions of RRE	Misinformation can potentially undermine the implementation of RRE, so a media strategy should be developed to effectively communicate the program to families and the broader community.

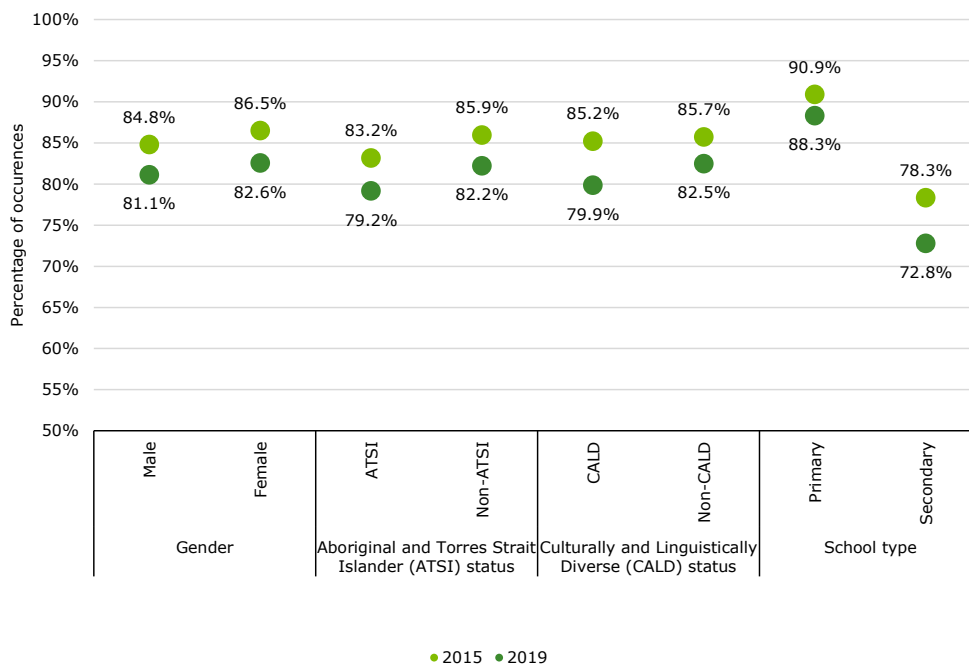
Source: Deloitte Access Economics based on Our Watch (2021)

## 6.5 Perception of fairness and respect in schools

**Evidence suggests that a decreasing number of students – particularly from diverse backgrounds - believe they are being treated fairly across demographics.**

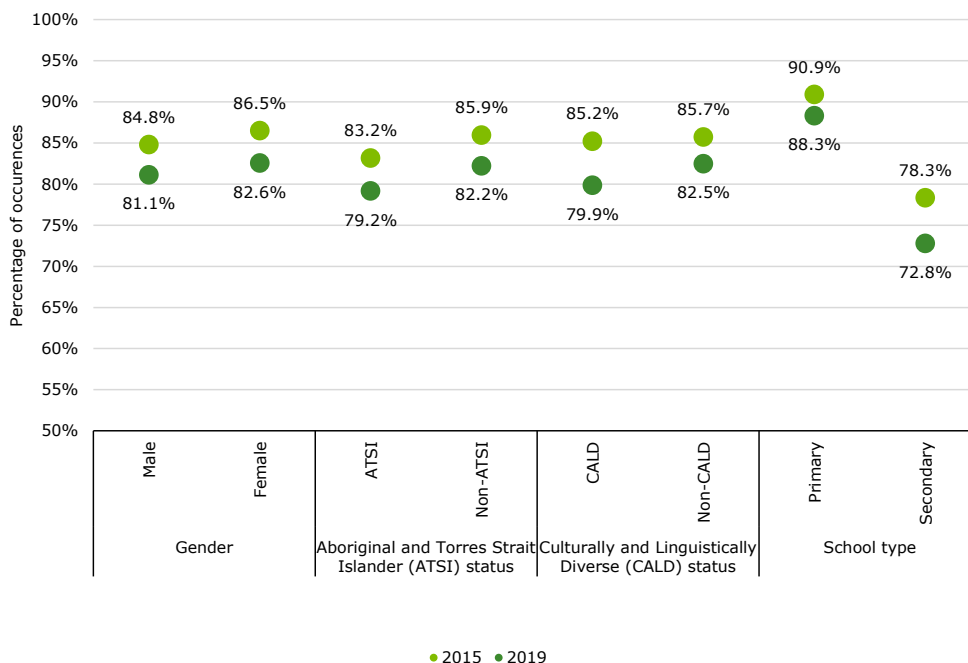
Analysing the variation of student perceptions to the question 'teachers treat students fairly at school' over time and by demographics provides data on staff members' and students' perceptions of fairness at school (Chart 6.5

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is based upon the start year of The Strategy compared to the most recent data point available for data by demographics (2015 to 2019).

Chart 6.5 Percentage of students surveyed that agree that teachers treat students fairly at school.



Source: Deloitte Access Economics using the SOS.

Overall, there has been a clear decrease in the percentage of students who believe that all students are treated fairly over time across all demographics. However, this decrease over time is consistent across all survey questions and respondent types, indicating that there may be a broader trend towards disagreement. Additionally, this data does not relate directly to respectful relationships or gender inequality, so may be reflective of school-specific experiences.

Regardless, there is evidence to suggest that Aboriginal and Torres Strait Islander students and students from CALD backgrounds are less likely to agree that teachers treat students fairly at school.<sup>25</sup> Further, secondary school students are more likely to feel they are not treated fairly than primary school students, and this could indicate that there may be a need to improve equitable relationships between students and teachers in secondary schools. Notably, it is difficult to ascertain why each of these divergences have occurred and whether they reflect reality or broader cultural and social structures.

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<sup>25</sup> In the SOS data, Aboriginal and Torres Strait Islander status was referred to as Indigenous status, and CALD status was referred to as Language Other Than English (LOTE) status.

# 7 Supporting Outcome 3

*To what extent do Queensland community, business, religious, sporting and government leaders take action, and work together?*

## **Key findings**

### **Community involvement in cultural change initiatives**

There is no clear indication that overall engagement with DFV initiatives by the community has increased since 2017. In 2021, women were twice as likely to be involved in DFV initiatives than men. There is also scope to increase the level of engagement with DFV initiatives among those aged between 18-34 years and 55 years and above.

While the number of events that occurred during the DFV prevention month have increased since 2020, the number of events organisations have not reached pre-pandemic levels in 2021. Evidence also suggests that Queenslanders have continued to take advantage of the Investing in Queensland Women grant program.

### **Nongovernment organisation leadership in driving community change**

Since 2019-20, there has been four lunch box sessions hosted by nongovernment organisations for organisations from the DFV sector. The two sessions ran in 2020-21 were attended by 57 organisations, with a total of 87 individual attendees. At this time, it is too early to assess whether these sessions have had a significant impact upon capability in the DFV sector.

### **Local government response to domestic and family violence**

Mayors of all 77 local governments have made commitments to target DFV. Further engagement among some local governments with programs, such as the Red Bench Program, the Red Bench Relay, White Ribbon Accreditation, and communities of practice with the Local Government Association of Queensland, all indicate that there is wider engagement with DFV initiatives within those local governments.

## **7.1 Objectives of Supporting Outcome 3**

Supporting Outcome 3 facilitates community-led activity and engagement on domestic and family violence at a local level. The Third Action Plan outlines two signature actions (and no supporting actions) that are related to Supporting Outcome 3. These actions are to:

- Develop a corporate and community engagement framework to strengthen community ownership of domestic and family violence, and to support the corporate community to affect cultural change by creating safe and aware workplaces and organisations
- Establish a Domestic and Family Violence Prevention Champions Group to guide cultural change across communities by activating local leaders to prevent and respond to domestic and family violence.

Evaluation of this supporting outcome measures progress of The Strategy against the following specific evaluation questions:<sup>26</sup>

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<sup>26</sup> Supporting Outcome 3 outcomes listed in Queensland Government (2021) Revised Indicator Matrix of the Evaluation Framework for the Domestic and Family Violence Strategy (2016-2026) as of October 2021.

- To what extent is cultural change led by communities across Queensland?
- To what extent do leaders across business, community, faith-based and sporting organisations participate in driving reform?
- To what extent do leaders across community, faith-based and sporting organisations embrace changes and innovation within their own organisations that better protect and support victims and model respectful relationships?

## 7.2 Queenslanders’ engagement in cultural change initiatives

Engagement in cultural change initiatives provides an indication of the extent to which Queenslanders are committed to addressing DFV problems in their communities. This section investigates the reported degree to which Queenslanders are engaged in these initiatives, as well as information on the number of events run during DFV Prevention Month and details on uptake of the Investing in Queensland Women grant program.

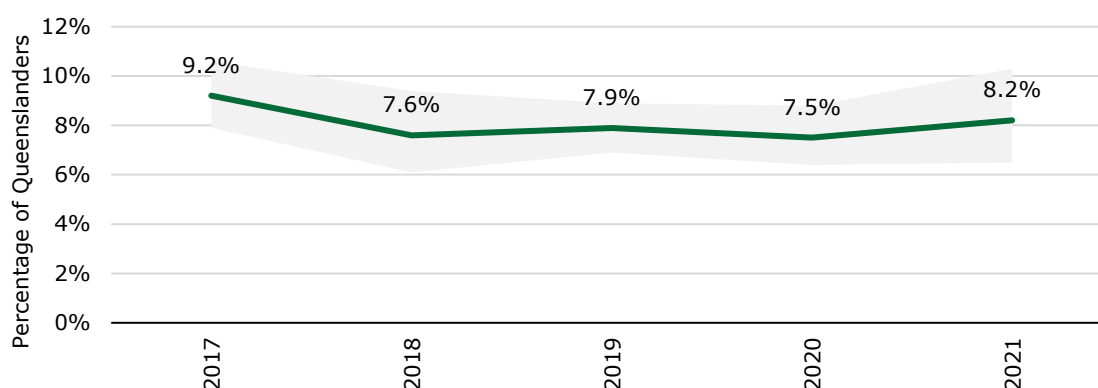
### 7.2.1 Community involvement in DFV initiatives

**Community involvement in DFV initiative was relatively unchanged since 2017. Females were more likely to be involved in community DFV initiatives than males.**

The percentage of Queenslanders involved in DFV initiatives has remained stable over time, despite disruption in community gatherings and organisation caused by the COVID-19 pandemic. As is discussed further below, the COVID-19 pandemic has led to a decline in the number of community organised events during the DFV prevention month, as well as events and community activities supported by Government grant programs. This indicates that community events have employed strategies that were effective in engaging with community members over the pandemic period.

The QSS asked respondents if they are involved in any DFV initiatives in their community. Evidence suggests that this has remained unchanged since 2017 at the 95% level of confidence, with approximately 1 in 12 Queenslanders (8.2%) identifying that they were involved in community initiatives in 2021 (Chart 7.1).

Chart 7.1 The proportion of Queenslanders that are involved in DFV initiative in their communities



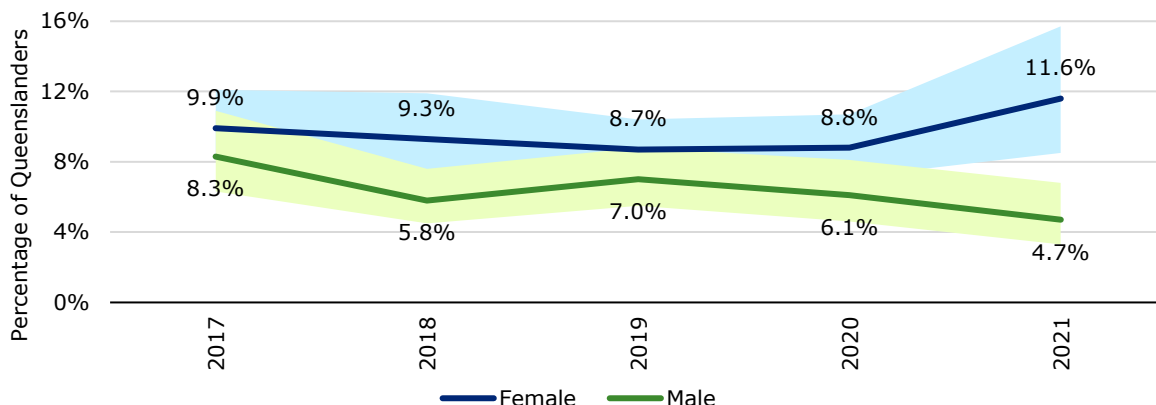
Source: Deloitte Access Economics using QSS.

Note: Shading is confidence intervals at 95%.

However, in 2021, females were more than twice as likely to participate in community DFV initiative than males, a finding which is significant at the 95% level of confidence (Chart 7.2). This is a finding exclusive to 2021; in previous years, the difference in engagement between men and women was not statistically significant.

Additionally, there also appears to be differences in the level of engagement when disaggregated by age. For example, in 2021, those aged 25–54 years were significantly more likely than those aged 55 years and above and those aged 18–34 years to be involved in DFV initiatives in their community. This indicates scope to encourage greater participation among both young and elder Queenslanders.

Chart 7.2 The proportion of Queenslanders that are involved in DFV initiatives in their communities, by gender



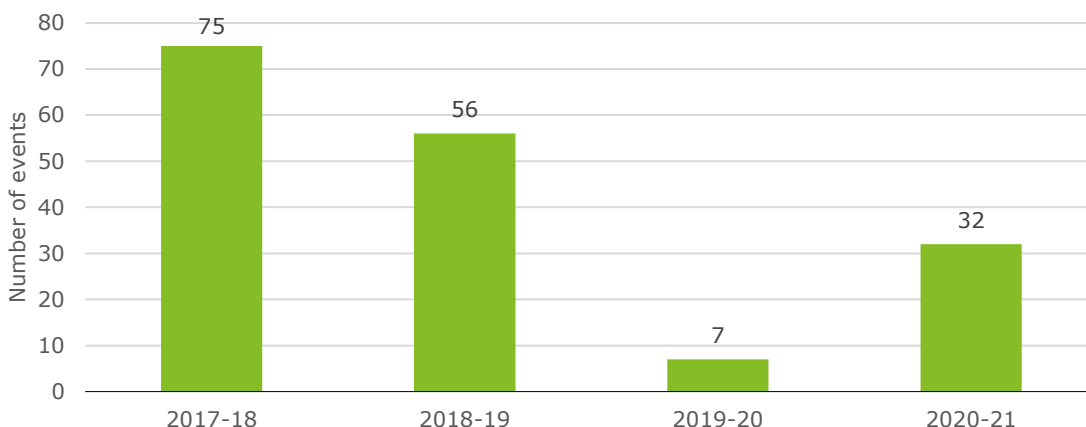
Source: Deloitte Access Economics using QSS.

Notes: Shading is confidence intervals at 95%.

**7.2.2 DFV Prevention Month and Investing in Queensland Women grants**  
**There is evidence to suggest that community events aimed at preventing DFV are increasing again, following disruptions caused by the COVID-19 pandemic.**

The DFV Prevention Month (DVPM) is a vehicle to facilitate community-led events and activities that raise awareness of DFV within their local communities. In 2021, there were 32 events listed on the DVPM calendar, an increase from seven in 2020 likely driven by the absence of lockdowns that restricted community gatherings in 2020 (Chart 7.3). However, events remain below pre-pandemic levels, likely due to social gathering restrictions. Events included activities such as candle lighting vigils, the opening of amenities, conferences and meets.

Chart 7.3 Number of events in DVPM



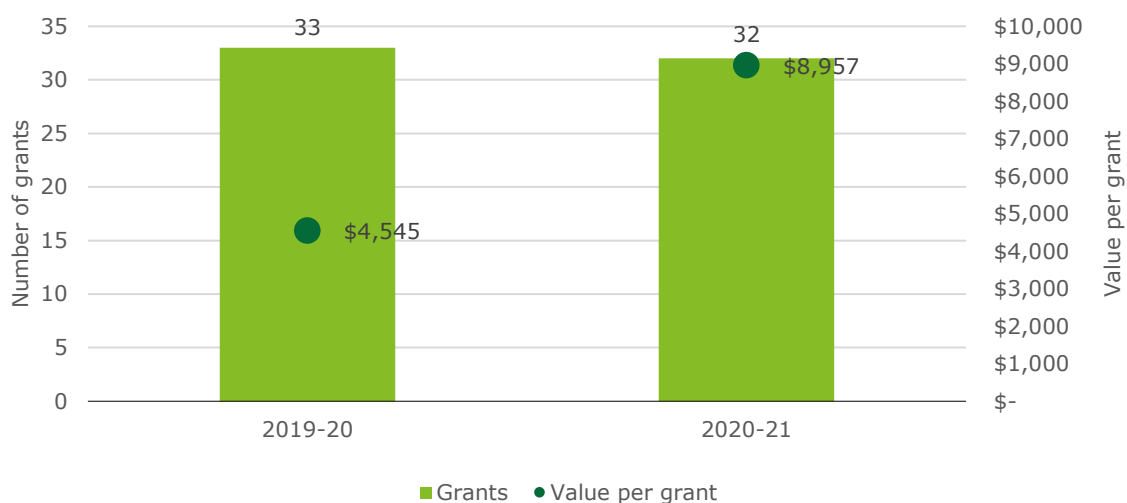
Source: Deloitte Access Economics analysis using DJAG data.

The Queensland Government further supports community events aimed at preventing DFV through the Investing in Queensland Women grant program. This program provides one-off grants for events that range from small, targeted one-off events to larger, substantive initiatives. It is important to note that this grant program provides the same amount of funding each round – therefore, the number of successful grants are not expected to substantially change each year. In 2020-21, there were 32 grants awarded to events that had a DFV-related objective (Chart 7.4). The average grant amount was higher in 2020-21 at approximately \$8,957 (compared to an average grant value of \$4,545 in 2019-20), with 62.5% of grants awarded to support ‘larger initiatives.’ Grants provided funding to deliver projects, such as workshops, forums and resources, to support DFV victim survivors and service providers. It should be noted that the structure and



process of the grants program changed in 2020-21, making it difficult to compare how grants recipients have changed over time.

Chart 7.4 Successful grants related to DFV: Investing in Queensland Women



Source: Deloitte Access Economics analysis using OFWVP.

### 7.3 Nongovernment organisations participation in driving reform

**Lunch box sessions have been used to increase engagement and capability of community leaders since 2019-20. However, it is too early to tell if these sessions are leading to improved capability and community-led responses to DFV.**

To support and facilitate the broader community to lead initiatives against DFV, the Queensland Government has implemented a series of lunch box sessions that aim to support organisations to implement initiatives that take action to prevent DFV, as well as to support victim survivors. These sessions are led by organisations with expertise in providing tangible approaches to various DFV topics and problems, and they are typically advertised toward and attended by organisations from the DFV sector.

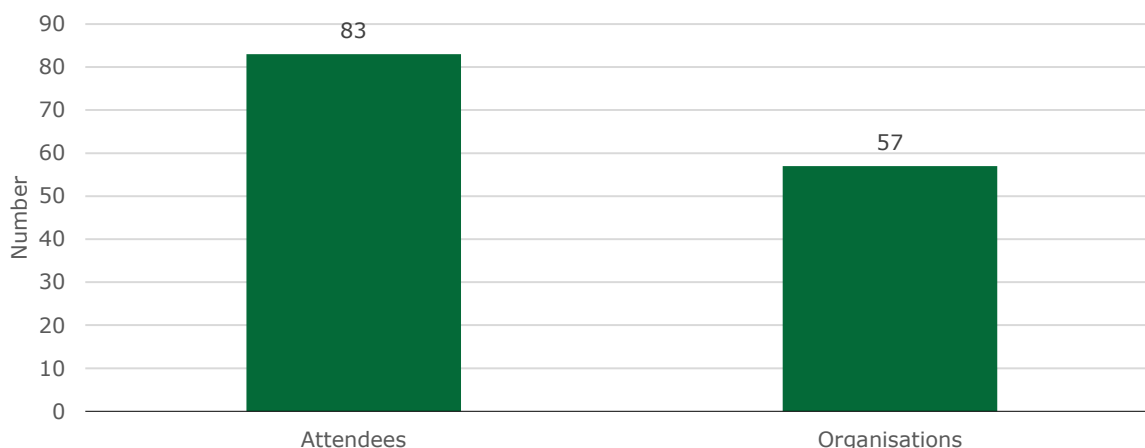
Since 2019-20, there have been four lunch box sessions held, covering the following topics:

- Workplace equality and respect processes: October 2019
- Implementation of appropriate responses to perpetrators within workplaces: November 2019
- Supporting and creating an active bystander culture: September 2020
- Financial abuse and other nonphysical forms of DFV: September 2020.

Data on attendance has only been collected for the year 2020-21. It shows that the lunch box sessions that were organised in 2020-21 have reached 83 attendees across 57 individual organisations (Chart 7.5).

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Chart 7.5 Number of individual and organisation attendees to lunch box sessions in 2020-21



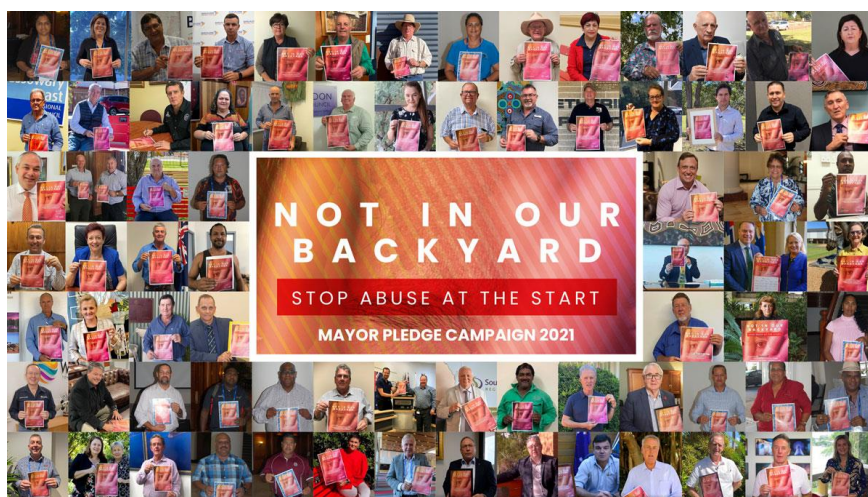
Source: Deloitte Access Economics analysis using OFWVP.

### 7.4 Local governments’ response to domestic family violence

**All 77 mayors of Queensland’s local governments have pledged their support for targeting DFV in their communities, and there is evidence that some local governments are actively engaging in DFV events and communities of practice to generate cultural change at the local level.**

All 77 mayors of Queensland’s local governments pledged their support for the Local Government Association of Queensland’s (LGAQ) *Not in our backyard: stop abuse from the start* campaign (Figure 7.1 ).<sup>27</sup> This campaign was created in response to the ‘*Not Now, Not Ever*’ Report as a key measure developed through a partnership with the Queensland Government, and includes personal videos and images of mayors proclaiming their commitment to the campaign. It aims to embed cultural change within local government workplaces and is accompanied by the creation of a Domestic and Family Abuse Project Officer role within LGAQ, which is funded by the DJAG. This commitment from the mayors of local governments reinforces their commitment to addressing DFV.

Figure 7.1 Not in our backyard: stop abuse at the start campaign



Source: LGAQ (2022)

<sup>27</sup> LGAQ. (2022). *Queensland’s 77 mayors have spoken as one against domestic and family violence (DFV)*. Available at <https://www.lgaq.asn.au/news/article/1287/queensland-s-77-mayors-have-spoken-as-one-against-domestic-and-family-violence-dfv->.

Local governments have also been engaging in other ways; for example, through the Red Bench Project and the Red Bench Relay. These are initiatives led by the Red Rose Foundation to raise public awareness and increase the visibility of DFV on an annual basis. The Red Bench Program commenced in 2019 and encourages local governments to install red benches around their community to raise awareness of DFV to raise awareness within communities. The Red Bench Relay was first organised in 2020 and utilises red benches as the start and end point of a walk to further raise awareness of DFV.<sup>28</sup> In 2020, seven governments participated in this event, while six participated in 2021. Notably, four local governments participated across both years.

In 2021, the Townsville City Council also became the first Queensland local government to successfully complete the White Ribbon Australia Workplace Accreditation Program, which included a commitment from the local government to address gender-based violence at the Council and wider community level.

Stakeholder consultations with LGAQ suggested that there are two communities of practice, which include over 30 local governments across both groups. These provide opportunities for local governments to showcase their own programs and successes in the DFV space, as well as the opportunity for representatives to interact and to hear from guest speakers. Local governments that are not part of these groups are not necessarily disengaged - they may face resourcing constraints, which prevent them from effectively contributing. All local governments are part of broader distribution channels for LGAQ to share newsletters and other forms of information.

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<sup>28</sup> LGAQ. (2022). *Queensland's 77 mayors have spoken as one against domestic and family violence (DFV)*. Available at <https://www.lgaq.asn.au/dfv>.

# 8 Supporting Outcome 4

*To what extent do Queensland's workplaces and workforces challenge attitudes contributing to violence and effectively support workers?*

## **Key findings**

### **Workforce commitment to cultural change**

There appears to be continued commitment towards cultural change in government and nongovernment workplaces. This is evidenced by an increasing number of government workplaces providing domestic and family violence training, and an increasing number of private businesses provided domestic and family violence policies / strategies to support their staff impacted by domestic and family violence.

There is an opportunity to further strengthen commitment to RRR program completions across the Queensland Government, to build on the significant increase in usage that occurred following the refresh of the program into an online format. There is also scope to improve the engagement of private businesses in developing domestic and family violence policies / strategies, particularly small businesses.

### **Changing awareness of domestic and family violence supports**

Awareness of support programs for people impacted by DFV within the Queensland public service has continued to improve across managers and non-management staff. There is insufficient data to understand how private businesses are improving the awareness of domestic and family violence supports in their workplaces.

### **Capability to respond to domestic and family violence in the workplace**

The proportion of Queensland government employees are aware of and express the ability to effectively support a colleague affected by domestic and family violence has increased. However, non-manager confidence still lags behind managers. There is insufficient data to understand how private businesses are improving the capability of staff to respond to domestic and family violence in their workplaces.

## **8.1 Objectives of Supporting Outcome 4**

Supporting Outcome 4 focuses on the workplace responses to domestic and family violence. The workplace has an important role in responding to domestic and family violence. This includes how workplaces support victims and survivors, they respond appropriately when employees are alleged (or proven) perpetrators of domestic and family violence, and challenge harmful gender biases within society.<sup>29</sup>

The Third Action Plan includes one supporting action to deliver under Supporting Outcome 4. This action is to continue to embed and drive public sector workplace cultural change by responding to

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<sup>29</sup> Australian Human Rights Commission. (2014). Fact sheet: Domestic and family violence - a workplace issue, a discrimination issue. Accessed at: [https://www.humanrights.gov.au/sites/default/files/13\\_10\\_31\\_DV\\_as\\_a\\_workplace\\_issue\\_factsheet\\_FINAL6.pdf](https://www.humanrights.gov.au/sites/default/files/13_10_31_DV_as_a_workplace_issue_factsheet_FINAL6.pdf).

the Queensland Government's workplace response to domestic and family violence flagship evaluation. As of June 2021, all deliverables related to the Queensland Government's workplace response to DFV flagship evaluation has been delivered. This includes leadership, policy capability, awareness and engagement, partnerships and measurement.

The evaluation of this supporting outcome measures progress of The Strategy against the following specific research questions:<sup>30</sup>

- How have workplaces promoted the prevention of domestic and family violence and influenced cultural change?
- How effective have workplaces been in raising awareness of domestic and family violence support?
- How have workplaces built capability to recognise signs of domestic and family violence, and respond and refer appropriately, to better support affected employees?

## 8.2 Workforce commitment to cultural change

This section looks at workplace responses to changing workplace culture with regards to awareness and supports for people impacted by domestic and family violence, as well as challenging gender bias issues within the workplace. Due to the different drivers of change between public and private workplaces, these two sectors are discussed separately.

### 8.2.1 Participation in workforce-led domestic and family violence initiatives

**Participation in workplace-led DFV initiatives has increased over time. Further, there is evidence that industries that employ relatively more people with higher levels of education are more likely to engage in these initiatives than other workplaces.**

Workplace involvement in domestic and family violence initiatives provides an indication of the degree to which workplaces are proactively influencing cultural change and understanding of domestic and family in the workplace. Overall, 42% of Queensland adults participated in workplace-led domestic and family violence initiatives in 2021 (Chart 8.1 Chart A). This has increased from around 25% of Queenslanders in 2017 and 2018.

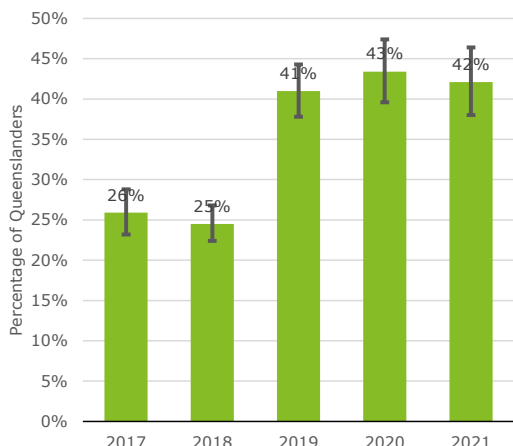
Those who have high levels of education are more likely to be at workplaces that had DFV initiatives. In 2021, 51.5% of employees with a bachelor's degree or above were employed within workplaces engaged in DFV initiatives, while only 25.1% of employees with no higher education completed worked in workplaces engaged in DFV initiatives (Chart 8.1; Chart B).

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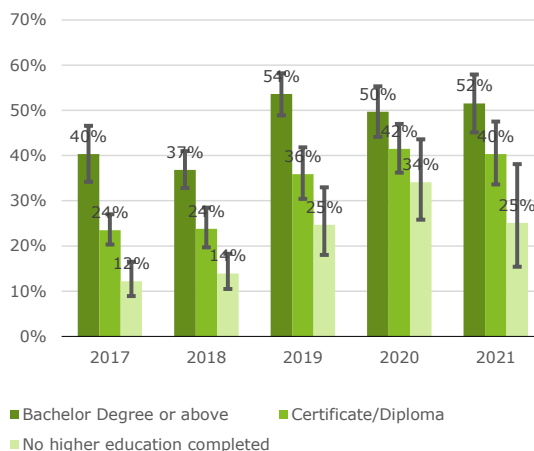
<sup>30</sup> Supporting Outcome 4 outcomes listed in Queensland Government (2021) Revised Indicator Matrix of the Evaluation Framework for the Domestic and Family Violence Strategy (2016-2026) as of October 2021.

Chart 8.1 Percentage of Queenslanders whose workplaces engaged in DFV initiatives

**Chart A: Percentage of Queenslanders whose workplaces engaged in DFV initiatives**



**Chart B: Percentage of Queenslanders whose workplaces engaged in DFV initiatives by level of education**



Source: QSS 2021

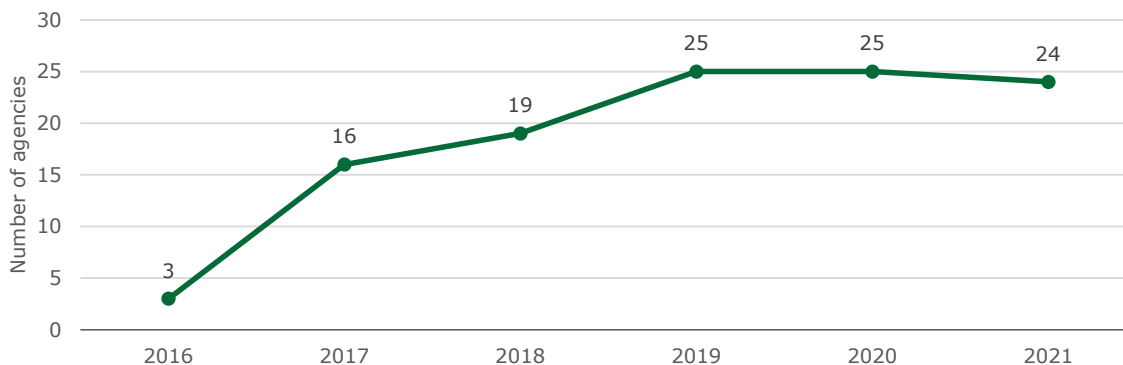
Notes: Results prior to 2019 excluded due to change in methodology.

### 8.2.2 Government workplace commitment to cultural change

**There appears to be continued government commitment toward cultural change in their respective workplaces.**

Throughout the implementation of the Third Action Plan, evidence highlights that the Queensland Government has continued to lead industry through enacting appropriate workplace programs and initiatives. As of July 2021, all government departments have White Ribbon Accreditation, an internationally recognised accreditation of workplaces that are demonstrating actions to stop violence against women (Chart 8.2).

Chart 8.2 The number of government agencies with White Ribbon Accreditation



Source: Deloitte Access Economics analysis using PSC.

Notes: Data includes Departments and other Queensland Government agencies. Machinery of Government changes make it difficult to compare over time.

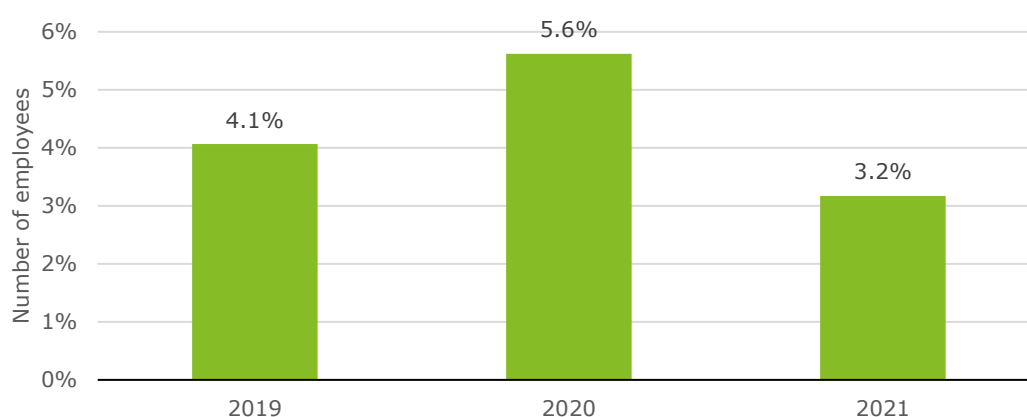
Government leaders have continued to take important action by institutionalising commitment to DFV initiatives. As of July 2021, all Director-General performance agreements demonstrate a visible commitment to DFV prevention as part of the broader work for safe, respectful and inclusive workplaces, this remains unchanged from 2020.

The Queensland Government has also shown consistently strong commitment to delivering workforce capability building programs. Since 2017, the Queensland Government has made available the RRR: DFV online training, face-to-face training and accreditation program to all

employees. Since July 2020, all government employees have been required to complete RRR, or an alternative program.

Over the period 2019 to 2021, an average of 4.3% of the government’s workforce have completed or recompleted the program each year (Chart 8.3). This equates to roughly 10,000 employees completing the program each year out of a workforce of over 260,000. However, consultations with Queensland Government stakeholders highlighted that some agencies had temporarily paused cyclical training until the implementation of a refreshed RRR e-learning, which was made available from September 2021 (after the time period of the data). This contributed to a lower number of people completing the program across the government in 2021. Preliminary data from 1 September 2021 to 31 March 2022 indicates a substantial increase in users, with more than 80,000 employees accessing the refreshed RRR program during this period. This is substantially higher than the 8,937 users over the full year in 2021. These results are encouraging and demonstrate the commitment to improving program completions going forward.

Chart 8.3 The percentage of government employees completing RRR training each year



Source: Deloitte Access Economics analysis using PSC.

**8.2.3 Private workplace commitment to cultural change**  
**Private workplaces have continued to improve support policies provided to people impacted by domestic and family violence. However, there is still room for improvement.**

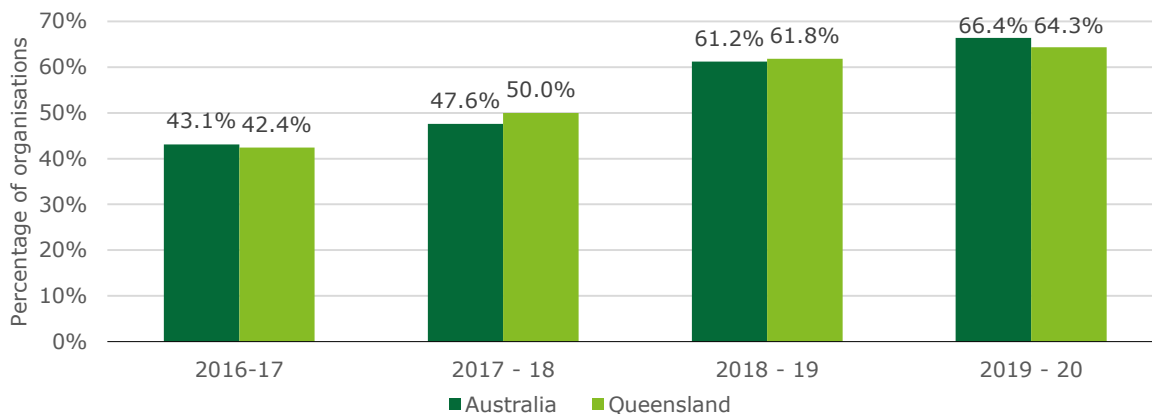
There is evidence that private businesses are showing continued commitment toward cultural change in their respective workplaces. As of July 2020, approximately 64.3% of Queensland-based businesses identified that they had a DFV policy and/or strategy, an increase from 42.4% in 2016-17 (see Chart 8.4 below).<sup>31</sup> However, this implies that 35% of Queensland businesses do not have a formal policy and/or strategy to support people impacted by DFV. As identified in the evaluation of the Second Action Plan, smaller businesses tend to be approximately 30% less likely to implement formal policies and/or strategies.

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<sup>31</sup> Queensland-based businesses are those that have their registered business address in Queensland.

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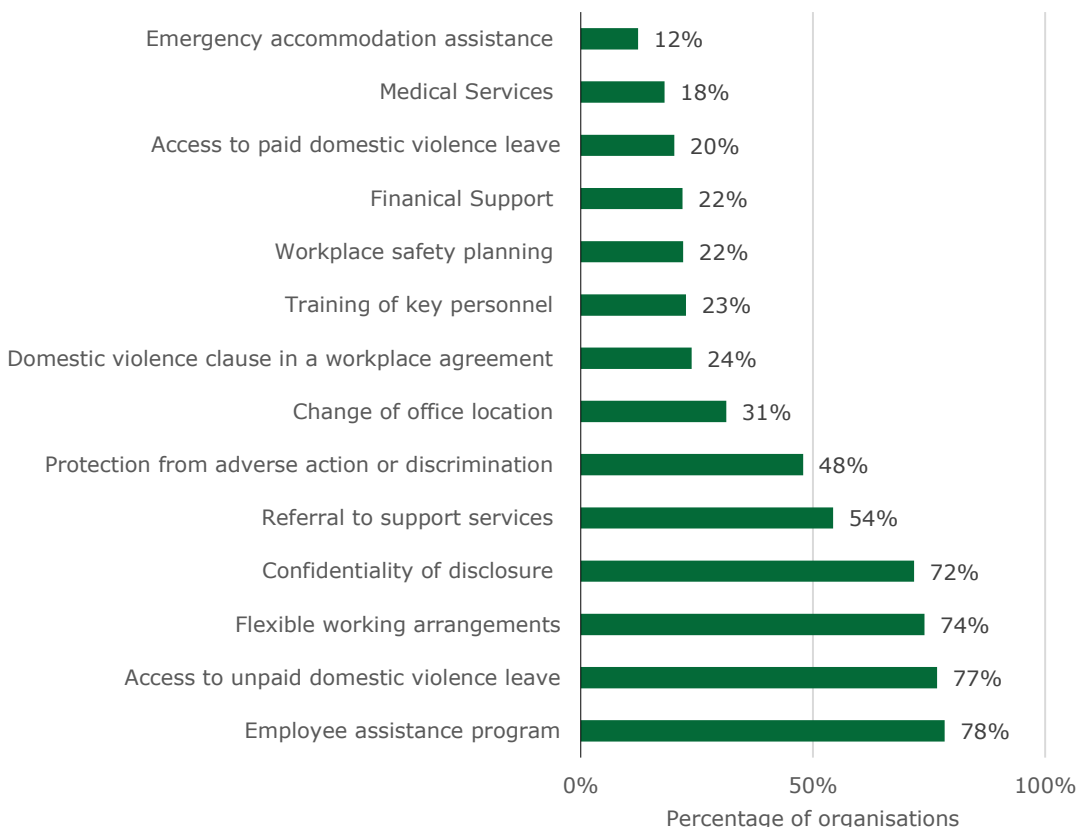
Chart 8.4 The percentage of Queensland and Australian businesses that have a workplace DFV policy and/or strategy



Source: Deloitte Access Economics analysis using WGEA (2020).

Moreover, at least 78% of Queensland-based businesses provided some support for staff impacted by domestic and family violence (Chart 8.5). The most common type of support provided by nongovernment businesses tends to be access to employee assistance programs, and flexible work / leave arrangements, including access to unpaid leave and flexible working arrangements.

Chart 8.5 Percentage of nongovernment Queensland businesses that offer specific types of supports for employees impacted by DFV



Source: Deloitte Access Economics analysis using WGEA

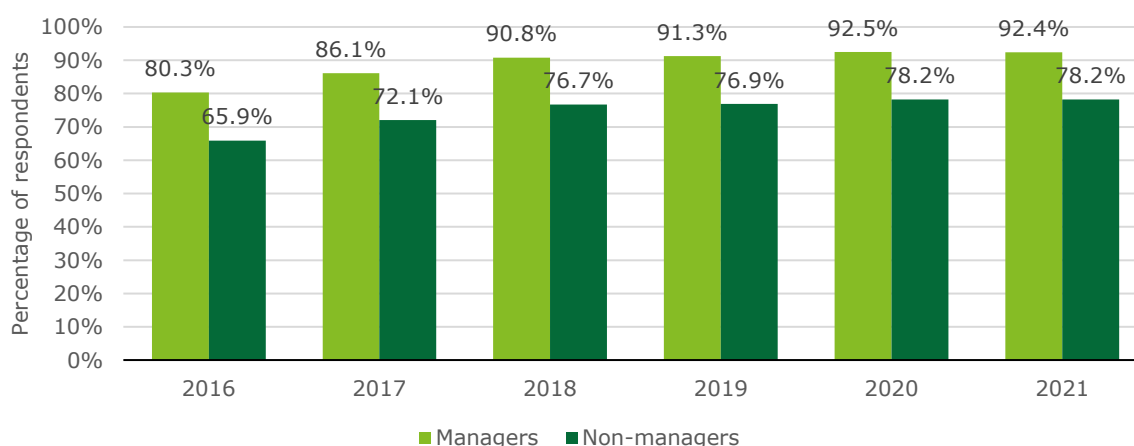


### 8.3 Changing awareness of domestic and family violence supports

#### **Awareness of support programs for people impacted by DFV within the Queensland public service has continued to improve across managers and nonmanagement staff.**

Raising awareness of DFV supports is important to ensuring that employees impacted by DFV know where and how to access supports, if needed. Due to the data limitations, only Queensland government workplaces are assessed in this section. Overall, the percentage of Queensland Government employees aware of DFV supports in their workforce has continued to increase since the baseline measurement was recorded in 2016. Overall, approximately 92.4% of managers and 78.2% of nonmanagement staff responded that they are aware of DFV policies in their workplace. This is an increase from 80.3% of management staff and 65.9% of nonmanagement staff in 2016, respectively (Chart 8.6).

Chart 8.6 Queensland Government employees that are aware of policies in their workplace designed to support employees affected by DFV



Source: Deloitte Access Economics analysis using WfQ survey data provided by PSC.

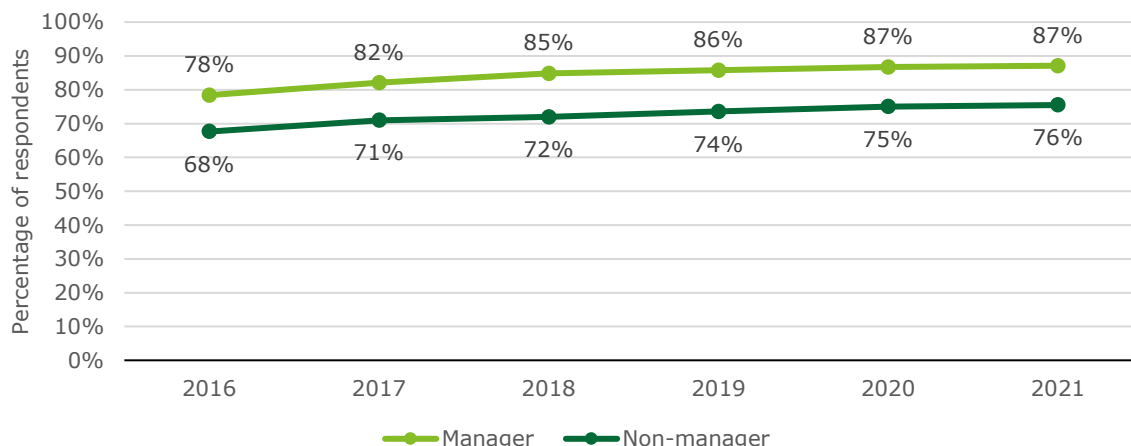
### 8.4 Capability to respond to domestic and family violence in the workplace

#### **The proportion of Queensland government employees who are aware of and express the ability to effectively support a colleague affected by domestic and family violence has increased. However, the confidence nonmanager still lags that of managers in this area.**

Queensland Government employees have continued to show improvement in self-reported capability to recognise and respond to the impact of DFV on their workforce. As of 2021, 87% of managers and 76% of nonmanagers identified that they felt 'confident to sensitively communicate with employees/colleagues that were impacted by domestic and family violence'. This is an increase from 78% of managers and 68% of nonmanagers in 2016 (Chart 8.7). Due to the data limitations, only Queensland government workplaces are assessed in this section.

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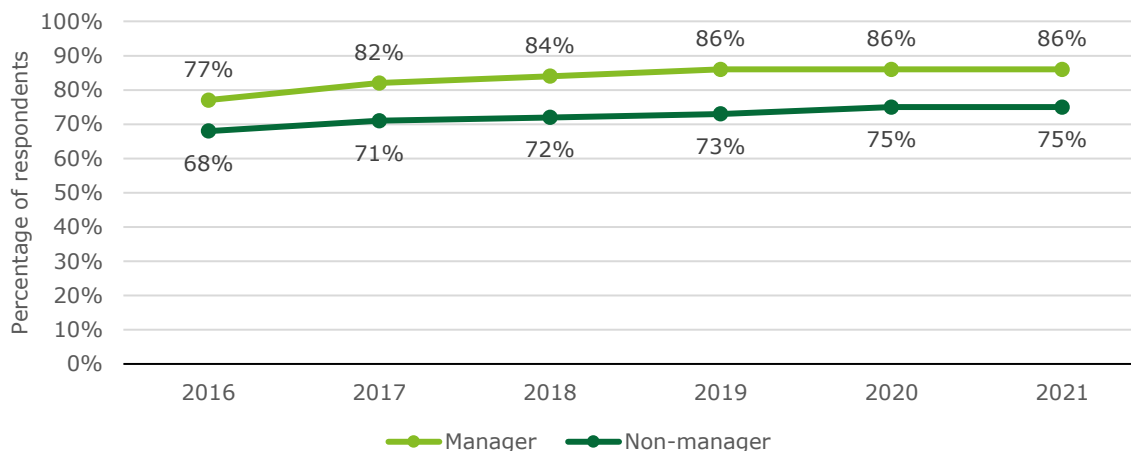
Chart 8.7 Percentage of survey respondents who agree or strongly agree with 'I am confident that I could sensitively communicate with employees/colleagues impacted by DFV'



Source: Deloitte Access Economics analysis using WfQ survey data provided by PSC.

Further, as of 2021, 86% of managers and 75% of nonmanagers identified that they felt they 'could effectively refer a colleague affected by DFV to appropriate supports,' This is an increase from 77% of managers and 68% of nonmanagers in 2016 (Chart 8.8).

Chart 8.8 Percentage of survey respondents who agree or strongly agree with 'I could effectively refer a colleague affected by DFV to appropriate support'



Source: Deloitte Access Economics analysis using WfQ survey data provided by PSC.

Consultations with government stakeholders identified that the observed improvements in the awareness of domestic and family violence policies and supports available to staff (Section 8.3), as well as improvements in the confidence to identify and respond to domestic and family violence are driven by a range of factors, including:

- Regular internal agency communications on domestic and family violence events
- Ongoing leadership commitment in the form of White Ribbon Accreditation for the workplace and other public commitments to the prevention of domestic and family violence
- An increasing focus on workplace culture and creating workplaces, where everyone feels safe, respected and included

Further, consultations highlighted the importance of proactive leadership within agencies as an important enabler in building awareness and capability more junior staff.

# 9 Supporting Outcome 5

*To what extent are victim survivors and their families safe and supported?*

## **Key findings**

### **Integrated service delivery responses**

Since 2017, the Queensland Government has implemented a common approach to integrated service delivery for DFV across government / nongovernment agencies and community groups. The expansion of the HRT model (a core component of integrated service responses) has led to an increase in high-risk victim survivors being supported by integrated service responses across Queensland. HRTs have demonstrated improved effectiveness in integrating services and responding appropriately to victim survivor needs in a timely manner. However, the level of work burden for the integrated service response teams has increased substantially in recent years, which could affect the timeliness and quality of supports, if left unaddressed.

### **Culturally appropriate service responses**

There is a clear need for more culturally appropriate processes and services for Aboriginal and Torres Strait Islander victim survivors and those from CALD backgrounds.

### **Crisis service responses**

There is evidence to suggest that DVConnect served as a key support for people impacted by domestic and family violence during the COVID-19 pandemic. QPS has increased the degree to which they refer aggrieved and respondent parties to domestic and family violence supports during domestic and family violence occurrences attended by police. However, there is evidence that QPS may be limited in their ability to support victim survivors or perpetrators due to the scope of their role and limited staffing resources.

### **Accommodation responses**

Since 2021, DCHDE has committed more resources to enhance its service response to those who experience or are at risk of DFV. Overall, the number of users who accessed specialist homelessness services is broadly stable in Queensland. Notably, access to specialist homelessness services has increased in remote areas. While timeliness to access accommodation has remained high, the COVID-19 pandemic has impacted the amount of time required to complete crisis accommodation referrals. The number of people being transferred from social housing to other government-owned and managed housing due to DFV has been increasing over time. Processing times for transfers have also declined. During consultations, stakeholders highlighted challenges related to housing supply and scope to improve victims' timeliness of access to housing services and crisis accommodation.

### **Services to support victims and their families**

The Skilling Queenslanders for Work initiative has continued to fund projects that may directly or indirectly target victim survivors of domestic and family violence to upskill and gain employment since 2015-16. Additionally, more victim survivors and perpetrators are accessing specialist domestic and family violence-trained duty lawyers.

On average, 23,400 DFV counselling service users have had their cases closed or finalised over the period 2015-16 to 2020-21. There is limited contextual information about the types of needs that were met and if service gaps exist. There should also be continued focus on services which support children who are exposed to DFV, as the proportion of children with DFV as a risk factor in child protection investigations has increased over time.

## 9.1 Objectives of Supporting Outcome Five

Supporting Outcome Five contributes to Foundational Element 2 – an integrated service response system that delivers the services and support that victim survivors and perpetrators need. Integrated service response trials were one of the recommendations from the ‘Not Now, Not Ever’ Report with the aim of improving the accessibility, appropriateness and effectiveness of domestic and family violence support services.

Under the Third Action Plan, the Queensland Government has progressed 14 individual actions (and three signature actions) aligned to Supporting Outcome Five. These actions aim to:

- Support services work collaboratively to deliver person-centred and integrated supports that respond, rebuild, empower and create economic independence
- Provide culturally appropriate wraparound services to help victim survivors and their families escape violence, access or maintain stable and safe housing, help victim survivors rebuild and empower their lives and support survivors to become independent and not return to violence

This Review considers the degree to which these objectives are met, and how they align with the overarching supporting outcome. Specifically, it answers the following five evaluation questions relating to intermediate outcomes<sup>32</sup>:

- How effective has the Third Action Plan been in improving collaboration between services and outcomes for victim survivors?
- How effective have integrated services been in supporting victim survivors’ needs?
- Has the Third Action Plan helped build culturally appropriate service responses that meet the needs of victim survivors?
- To what extent has the Third Action Plan facilitated improved access to appropriate and responsive services to victim survivors of domestic and family violence?
- Has the access to, and responsiveness of, services helped victim survivors to rebuild their lives, gain independence and avoid revictimisation?

## 9.2 Improvements in outcomes and service collaboration

This section assesses the impact of the Third Action Plan on improving access to support services for victim survivors, collaboration between services across the domestic and family violence support service sector and outcomes for victim survivors.

### 9.2.1 Outcomes of service provision

**Most survey respondents agree that the actions delivered under the Third Action Plan have contributed to improved outcomes, such as improving access to appropriate support services, and meeting the needs of victim survivors of domestic and family violence. However, frontline staff are less in agreement that the actions contribute to improved feelings of, or actual safety of, victim survivors.**

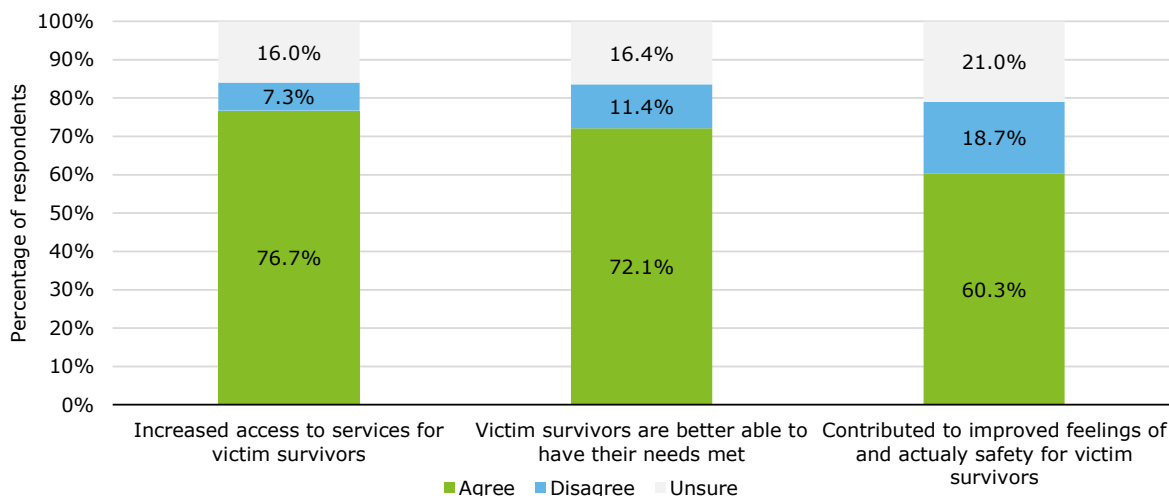
Results of Deloitte’s frontline staff survey show that the majority of survey respondents agreed that the Third Action Plan is contributing to improved access to services for victim survivors and supporting victim survivors to have their needs met. Overall, 76.7% of surveyed frontline staff agreed that the actions under the Third Action Plan have increased access to services for victim survivors of DFV. Further, 72.1% of surveyed frontline staff agreed that victim survivors are better able to have their needs met under the Third Action Plan (Chart 9.1).

However, almost one in five frontline staff disagreed with the statement that the Third Action Plan contributed to improved feelings and actual safety of victim survivors. This is double the rate of people who disagree that the Third Action Plan contributes to improved service access and meets client needs. This finding is consistent with that of the Review of the Second Action Plan and suggests that a gap remains between access to supports and the degree to which this manifests into safety

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<sup>32</sup> Supporting Outcome 5 outcomes listed in Queensland Government (2021) Revised Indicator Matrix of the Evaluation Framework for the Domestic and Family Violence Strategy (2016-2026) as of October 2021.

Chart 9.1 Percentage of frontline staff that agree and disagree with the following statements regarding the effectiveness of the initiatives within the Third Action Plan

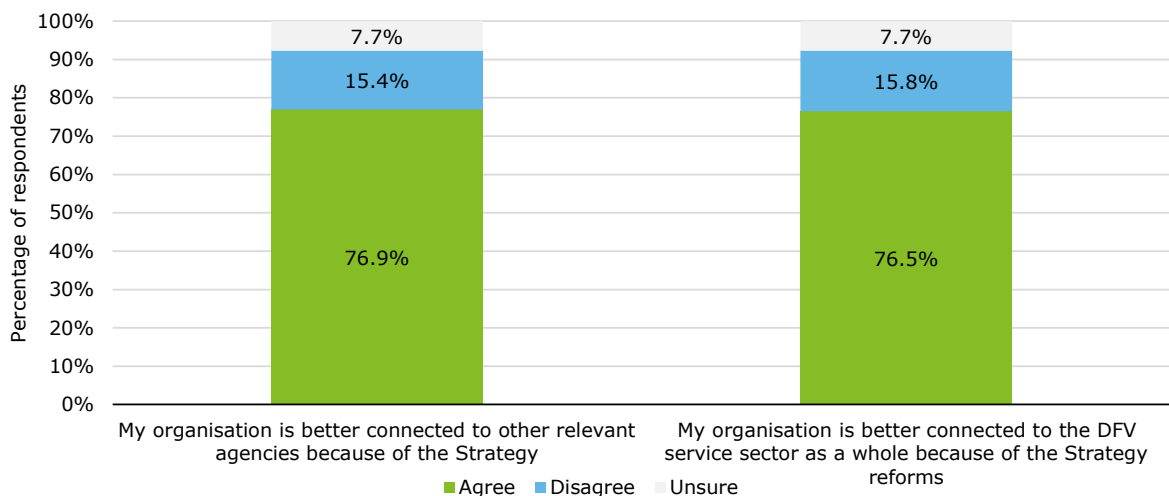


Source: Source: Deloitte Access Economics analysis of 2021 frontline survey  
 Notes: N=219. Agreement is categorised as a score of between 6 and 10. Deloitte only considered respondents who stated that they are aware of the initiatives under the Third Action Plan.

**9.2.1.2 Collaboration of support services**  
**Four in five frontline staff surveyed agree that The Strategy has improved service connectivity with other relevant agencies and the broader DFV service sector.**

Frontline staff exhibited generally positive views on the degree to which the overall Strategy as impacted the connectivity of the domestic and family violence service sector. Among those who were aware of the initiatives within The Strategy, 76.9% agreed that their organisation is better connected to other relevant agencies because of The Strategy reforms. Moreover, 76.5% of surveyed frontline staff agreed that their organisation is better connected to the DFV service sector as a whole. This indicates that The Strategy has made strong progress in improving the degree to which services are collaborating to meet victim’s needs.

Chart 9.2 Percentage of frontline staff that agree and disagree with the following statements regarding the impact of The Strategy on collaboration between organisations



Source: Source: Deloitte Access Economics analysis of 2021 frontline survey

Notes: N=247. Agreement is categorised as a score of between 6 and 10. The analysis only considers those that are aware of The Strategy.

### 9.3 Victims' experience of integrated service responses

#### **Box 3: What is an integrated service response?<sup>33</sup>**

Since 2017, the Queensland Government has implemented a common approach to integrated service delivery for DFV across government / nongovernment agencies and community groups. All agencies participating in the integrated response follow a common approach to working with victims and perpetrators that aim to:

- Improve the safety and wellbeing of victims and their children
- Reduce risks posed by perpetrators
- Ensure strong justice system responses for perpetrators

HRTs are a core component of Queensland's integrated service response approach. These teams consist of officers from all agencies with a role in keeping victims safe and holding perpetrators to account, including police, health, corrections, housing, courts, child safety, youth justice and specialist domestic violence services. HRTs focus on providing integrated, culturally appropriate safety responses to victims and their children who are at **high risk** of serious harm or lethality.

However, it is important to note that in addition to HRTs, those who experience DFV are also supported by **broader integrated DFV service responses**. These include specialist and non-specialist domestic violence services and broader government DFV responses. These supports sit outside HRTs. (See Appendix M.)

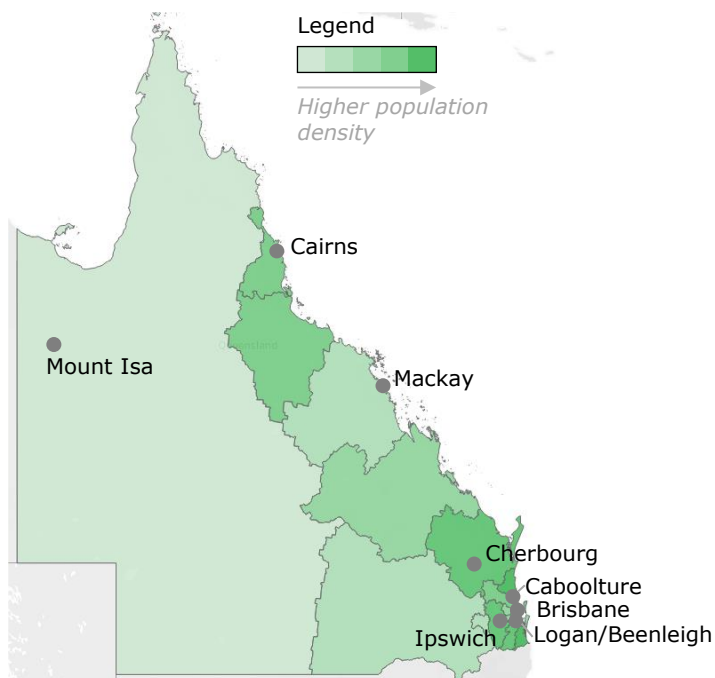
#### **The expansion of the HRT model has led to an increase in high-risk victim survivors being supported by integrated service responses across Queensland.**

HRTs currently operate in eight different regions across Queensland (Figure 9.1). These teams have been rolled out in phases, with the Logan/Beenleigh HRT commencing in January 2017, followed by the Mount Isa and Cherbourg teams in August 2017, with others commencing operations between February 2018 and April 2019.

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<sup>33</sup> DCYJMA (2021) Evaluation of the integrated service response and HRT trial (2019).

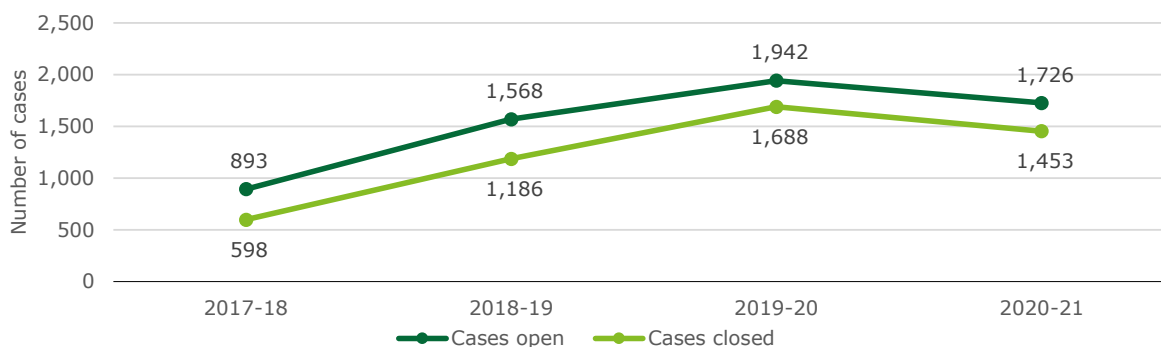
Figure 9.1 Location of HRTs throughout Queensland



Source: Deloitte Access Economics using DJAG and ABS Census 2016

Cases referred to, and accepted by, the HRT has increased over time, aligning with the expansion of HRTs across Queensland. In 2017-18, there were 893 cases opened by HRTs, which had increased to 1,942 cases by 2020-21, before declining slightly to 1,726 in 2021-22 (Chart 9.3).

Chart 9.3 The number of cases opened and closed by HRTs per annum

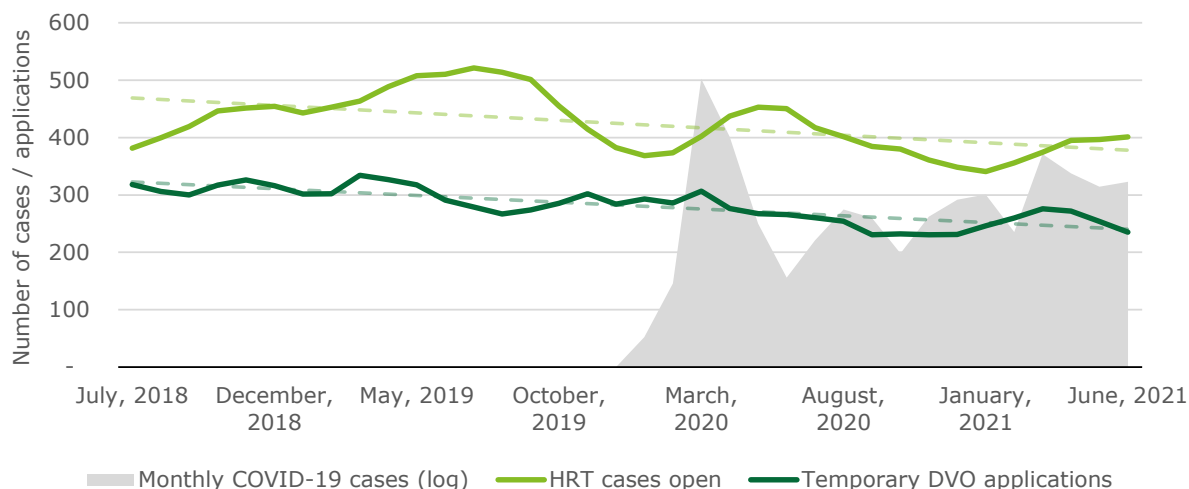


Source: Deloitte Access Economics analysis High-Risk Team data provided by DJAG.

Notes: The gap between cases open and cases closed does not mean that some cases are unable to be closed. Part of the gap may be attributable to complex cases that take longer than a year to close.

The declining trend over the period from 2019-20 to 2020-21 is driven by a declining trend in referrals to HRTs, not an increase in referrals rejected (which would be a sign of capacity constraints within HRTs). This declining trend in referrals first began in October 2019, and aligns with trends in temporary domestic violence orders (DVO) within the regions with HRTs, which have also been declining since the same period (Chart 9.4). Therefore, it is unlikely that the COVID-19 pandemic played a significant role in the decline in referrals to HRTs in 2020.

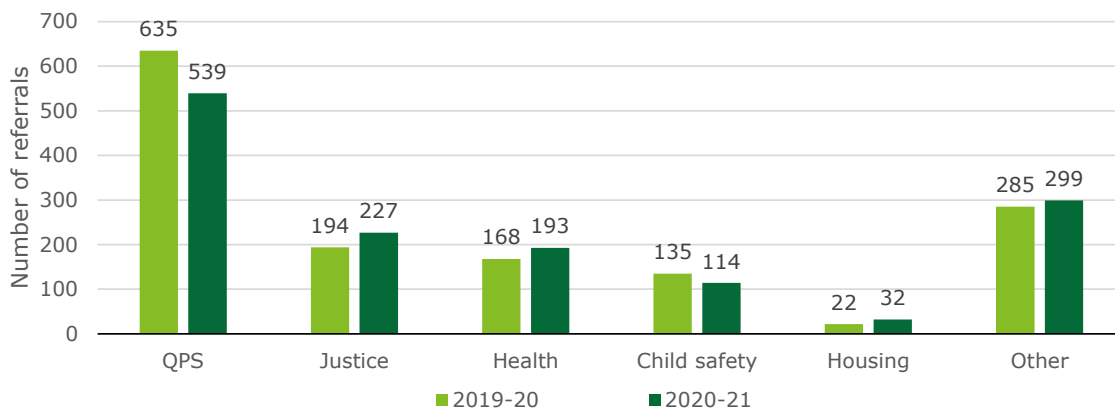
Chart 9.4 Number of HRT cases opened per month compared to temporary orders made and COVID-19 cases in Queensland



Source: Deloitte Access Economics analysis High-Risk Team data and Temporary DVO applications data provided by DJAG, and COVID-19 cases data from Our World in Data.  
 Notes: Monthly temporary DVOs are only those processed at courts in the same locations as HRTs. COVID-19 cases are Queensland-wide and are logged.

An assessment of HRT referral data found that a decline in referrals from QPS was the largest contributor to the overall decline in referrals to HRTs, declining by 15% over the past year (Chart 9.5). The reasons for the decline in HRT referrals from QPS sources were not well understood by stakeholders engaged throughout this Review. This trend could be further explored in future evaluations to better understand what has caused a decline in police referrals to HRTs.

Chart 9.5 Number of HRT referrals by source, 2019-20 and 2020-21



Source: Deloitte Access Economics analysis High-Risk Team data  
 Notes: Other category refers to service provider and not for profit sources

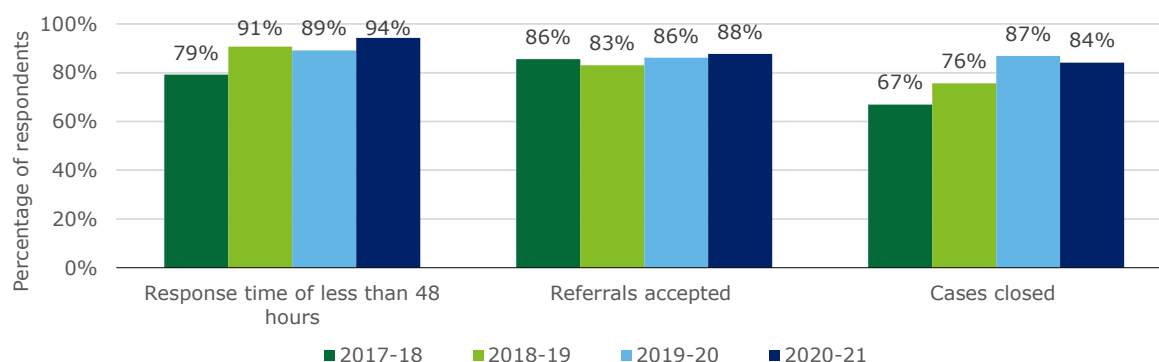
**HRTs has demonstrated improved effectiveness in the integration of services and responding appropriately to victim survivor needs in a timely manner.**

Over time, HRTs have increased their timeliness to respond to referrals, and proportion of cases closed over a 12-month period (Chart 9.6). This evidence indicates that HRTs were generally able to respond to demand in the areas they operate in and are working effectively to close cases.



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Chart 9.6 Referral acceptance rate, response time and proportion of cases closed by HRTs per annum



Source: Deloitte Access Economics analysis High-Risk Team data provided by DJAG.

During consultations, there was an acknowledgement HRTs have played an increasingly important role in delivering coordinated supports to victims and their children. This is supported by the following factors:

- **Improved information sharing** among agencies, especially for cases that have been referred and accepted by HRTs.
- Networking and shared training sessions have supported **relationship building** among HRTs. This has increased the level of trust between among different government departments, which is said to accelerate responses to referrals.
- Most stakeholders commend ongoing revisions **Common Risk and Safety Framework (CRASF)** and expressed optimism that it will support more consistency in supports. CRASF is a framework that articulates a shared understanding; language; and common approach to recognising, assessing, and responding to DFV risk and safety action planning.

**While the number of HRT cases has declined slightly in 2020-21, the level of work burden for the integrated service response teams has increased substantially in recent years, which could affect the timeliness and quality of supports if left unaddressed.**

When asked about the key challenges hindering effective integrated service responses, stakeholders identified the following challenges:

- **Staff supporting the broader integrated service response often do not have the capacity to respond to all information requests in a timely manner.** DFV-related responsibilities are often embedded within existing frontline service roles, which impact the capacity of frontline workers to respond to DFV-related cases in a timely manner
- Despite the development of guidance and resources to support effective integrated service responses, there remains scope to develop a **more consistent understanding of relevant legislation and policy underpinning integrated service responses** across different government departments. Stakeholders consistently identified scope to build the capabilities of those who are responsible for the broader integrated service responses – for example, their ability to understand and implement the DFV CRASF, the DFV Information Sharing Guidelines and recent amendments to the Domestic and Family Violence Protection Act 2012.
- There is **significant reliance on individual representatives** of government agencies who would typically have a strong understanding of referral pathways and risk assessment approaches. This information is not widely known across the integrated service response creating substantial personnel risk. In the absence of clear succession planning, there is a risk of information loss and weaker collaboration with other government agencies if these individuals leave the organisation.

- **The level of buy in among government agencies was perceived to have declined slightly** in recent years due to competing priorities and limited staffing resources. This is evidenced by anecdotal examples of declining attendance of regular ISR meetings.
- Integrated service responses are perceived to be victim-centred. There is **comparatively less focus on supports and interventions for perpetrators**, which can lead to perpetrators having less access to appropriate services that they need, which stakeholders cited examples of perpetrators not being referred to appropriate interventions, such as behaviour change programs due to limited understanding of the suite of interventions and support services for perpetrators.

In 2019, the Queensland Government contracted Griffith University to undertake an evaluation of the integrated service response and HRTs (the “Griffith Evaluation”). For more information of the evaluation’s key findings and steps taken by DJAG in response to the evaluation, please refer to a case study in Appendix M.

#### 9.4 Culturally appropriate service responses

**While some ISR teams have taken steps to deliver more culturally appropriate service delivery, there remains a clear need for more culturally appropriate processes and services for Aboriginal and Torres Strait Islander victim survivors and those from CALD backgrounds.**

The cultural appropriateness of integrated service responses varies by location. Some integrated service response teams have included representatives from DSDSATSIP and cultural advisory groups to attend regular case management meetings. At these meetings, deidentified case reviews have helped build the broader team’s understanding on providing culturally appropriate resources.

However, the 2019 independent evaluation of integrated service responses found that existing tools used by integrated service response teams were not adequately culturally appropriate and largely related only to intimate partner violence, rather than the broader contexts of family violence. According to stakeholders, this largely reflects a gap of such expertise within existing teams (see quote below for example). Some also identified scope to improve data collection on specific diverse groups of interest (for example, women with disability) to inform future improvements to service delivery.

“I find it difficult to get people to provide a cultural perspective to my cases. I have to beg, steal and borrow the time of staff members from disability services and health clinics to help me [with cases].”

- *ISR stakeholder*

#### 9.5 Victims’ access to support services

This section assesses the impact of the Third Action Plan on improved access to appropriate and responsive services to victim survivors of domestic and family violence include access to crisis supports like helpline and QPS supports, access to housing and accommodation, justice system supports and counselling services.

##### 9.5.1 Access to crisis supports

Two common types of crisis supports that victim survivors are able to access are helplines and QPS supports. This section assesses the impact of the Third Action Plan on improved access to appropriate crisis supports to victim survivors of domestic and family violence.

###### 9.5.1.1 Helpline access

**Calls to DVConnect through Mensline and Womensline for DFV-related matters had been decreasing over the period 2015-16 to 2018-19, before increasing in 2019-20 and 2020-21. This potentially reflects the impact of the COVID-19 pandemic on the number of incidents.**

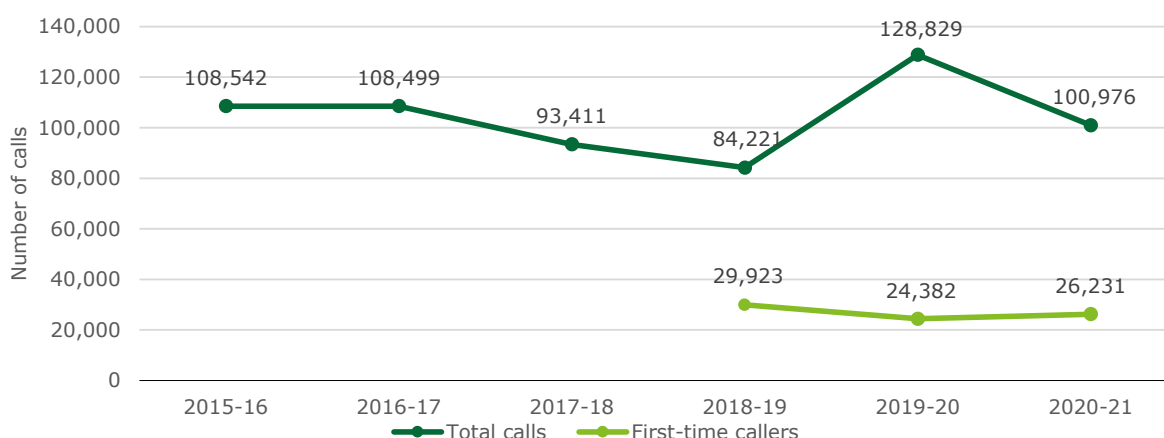
Helplines play an important role in providing people with a convenient and anonymous point of contact to reach out for support, either in the first instance, or during crisis situations. In

Queensland, DVConnect is a domestic and family violence helpline that provides callers with support, through safety planning and crisis counselling, as well as provides callers with information on services available to them.

DVConnect has remained a widely used helpline for support for domestic and family violence. Over the period 2018-19 to 2020-21, there has been between 24,000 and 29,000 new callers to DVConnect about domestic and family violence matters, making between 80,000 and 130,000 calls.

Calls to DVConnect had been declining by approximately 8.1% per annum over the period 2015-16 to 2018-19 (Chart 9.7). This Review could not find sufficient evidence to understand the cause of this decline. Further, the trend contradicts the trend of domestic and family violence occurrences attended by police, which had been increasing over the same period.

Chart 9.7 Number of calls to DVConnect, MensLine and Womensline, 2015-16 to 2020-21



Source: Deloitte Access Economics analysis using DVConnect data provided by DJAG.

However, calls to DVConnect increased by approximately 52% in 2019-20, from 84,221 in 2018-19 to 128,829 in 2019-20. Further, this increase in calls made to DVConnect appears to be driven by repeated phone calls, or callers, who had been in contact with DVConnect in previous years. Notably, the number of first-time callers declined in 2019-20.

Evidence from the broader Australian and international context indicates that this increase in calls to DVConnect could be associated with the impacts of the COVID-19 pandemic. Data from the World Health Organisation identified that emergency calls related to domestic and family violence in the European Union increased by over 60% and calls to helplines increased fivefold in the month of April 2020 compared to April 2019, the period over which the first COVID-19 lockdown occurred in Queensland, and across many countries.<sup>34</sup> Further, England reported an increase of approximately 66% in contacts to the National Domestic Abuse Helpline and its website during the initial months of the initial COVID-19 lockdown. This evidence aligns to the increased calls to DVConnect in 2019-20, as seen in Chart 9.8.

Increased contacts to domestic and family violence helplines appears to be driven by increased prevalence of domestic and family violence during COVID-19. Research conducted by the Australian Institute of Criminology shows that there was an increase in DFV during the initial months of the COVID-19 pandemic. Specifically, in a survey of women who experienced physical

<sup>34</sup> Mahase, E. (2020). Covid-19: EU states report 60% rise in emergency calls about domestic violence. Sourced from <https://www.bmj.com/content/369/bmj.m1872>.

or sexual violence by a partner prior to February 2020, 53% of survey respondents said that this behaviour had increased in frequency since the pandemic began.<sup>35</sup>

While this evidence shows that DVConnect served as an important access point for people experiencing domestic and family violence to seek help, there is insufficient evidence on whether this led to improved outcomes for victim survivors.

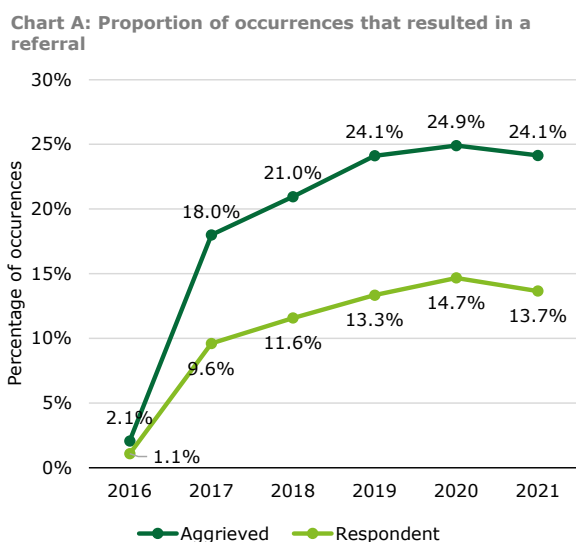
**9.5.1.2 Queensland Police supports**

**QPS has increased the degree to which they refer aggrieved and respondent parties to domestic and family violence supports during domestic and family violence occurrences attended by police. However, there is evidence that QPS may be limited in their ability to support victim survivors or perpetrators due to the scope of their role and limited staffing resources.**

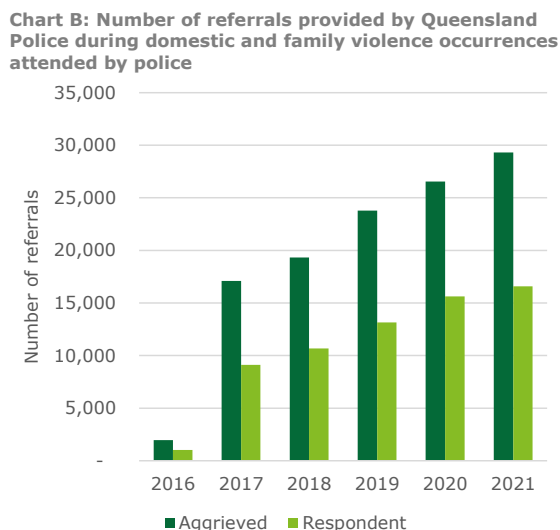
As first responders, QPS plays an important role in linking victim survivors and perpetrators to support services through referrals. QPS attends to an average of 110,000 domestic and family violence occurrences each year and provides approximately 40,000 referrals a year.

The number of referrals provided by QPS has been growing over time. Part of this growth has been driven by an increase in the number of domestic and family violence occurrences, which has seen an average growth rate of approximately 5% per annum over the period 2016 to 2021. However, there is also evidence that QPS has been more proactive in providing referrals, particularly since The Strategy was implemented. Specifically, the percentage of DFV occurrences attended by Queensland Police that resulted in a referral has increased from 2.1% in 2015 to 24.1% in 2021 for aggrieved parties, and from 1.1% to 13.7% for respondent parties, leading to an absolute growth in referrals provided by Queensland Police by approximately 1,500% over that period (Chart 9.8). This increasing trend was also observed across occurrences involving Aboriginal and Torres Strait Islander peoples.

Chart 9.8 Occurrences that resulted in a referral, 2015-16 to 2020-21



Source: Deloitte Access Economics analysis using QPS DFV related matters data



Source: Deloitte Access Economics analysis using QPS DFV related matters data

Source: Deloitte Access Economics analysis using QPS DFV related matters data

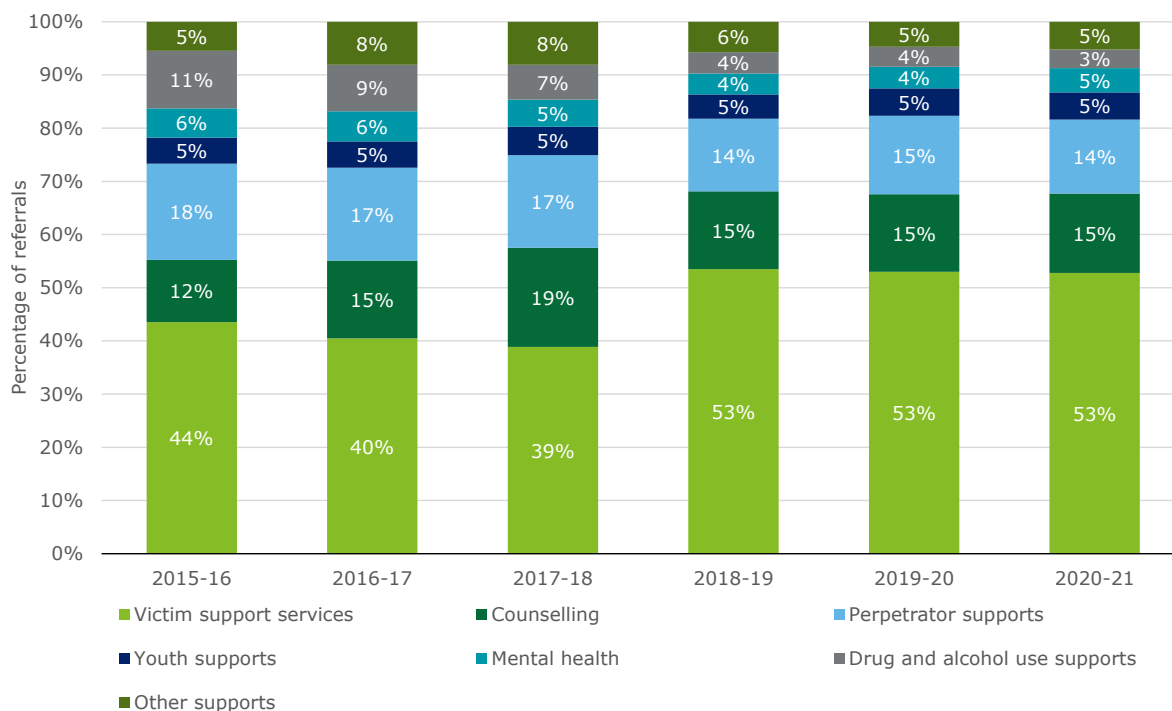
Referrals are driven by an increase in referrals to victim survivor supports, particularly victim assist supports. Specifically, victim support service referrals increased from 44% of total referrals

<sup>35</sup> Australian Institute of Criminology (2020). The prevalence of domestic and family violence among women during the COVID-19 pandemic.

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in 2016 to 53% in 2021 (Chart 9.9). While the distribution of other referrals by QPS has remained fairly constant over time, all referral categories have grown in absolute terms by between 400% and 3,000% over the period 2016 to 2021.

Chart 9.9 Distribution of referrals by referral types, 2015-16 to 2020-21



Source: Deloitte Access Economics analysis using QPS DFV related matters data.

Notes: Other supports refers to legal supports, homelessness supports, elderly supports and suicide supports.

There is currently insufficient evidence to assess the extent to which the supports provided by QPS have been adequate and appropriate to meet the needs of victims. It is acknowledged that QPS has taken steps to enhance the quality of its responses to victims. These include:

- The establishment of the Domestic, Family Violence and Vulnerable Persons Command within QPS in 2021. The Command is made up of a group of specialist officers who are tasked with driving the QPS’ strategic response to DFV.
- There are specific co-respondent units in selected locations (Logan, South Brisbane, North Brisbane and Moreton). These units are skilled in building better rapport with victims from diverse backgrounds and are said to be better skilled in providing more holistic supports during critical points of a specific case.
- The delivery of online training programs for sergeants and senior sergeants to enhance the organisation’s response to DFV. These programs were smaller scale as the COVID-19 pandemic prevented QPS from rolling out its envisaged cultural change program (which was included as a supporting action of the Third Action Plan).

Stakeholders noted that it is increasingly challenging to meet the needs of victims due to the increasing level of workload, staffing resourcing challenges, the inconsistent levels of workforce capability (e.g., some frontline staff are less experienced in supporting victims) and the general lack of support services in certain areas. For example, several stakeholders observed that some service providers are not available during critical periods of high risk as they do not operate after hours.

“We do not feel appropriately resourced to provide enough DFV specialists and training to other frontline workers.”

- Government stakeholder

## **9.5.2 Accommodation and housing supports**

This section assesses the impact of the Third Action Plan on improved access to accommodation and housing supports victim survivors of domestic and family violence.

### **9.5.2.1 Housing supports available to victim survivors**

**As part of the Queensland Housing and Homelessness Action Plan (2021-2025), DCHDE has committed more resources to enhance its service response to those who experience or are at risk of domestic and family violence.**

The Queensland Housing and Homelessness Action Plan allocates \$20 million to:

- Provide additional Flexible Assistance Packages of up to \$5,000 per household for people experiencing domestic and family violence, for good and services needed to maintain or access safe housing.
- Deliver additional head-leased housing.
- Provide specialised frontline housing services through our Domestic and Family Violence Specialist Response Team. The team supports frontline housing staff and multiagency HRTs to identify safety issues, tailor housing assistance and coordinate with the broader service system.

Please refer to Appendix L for more detailed information on DCHDE's housing responses.

### **9.5.2.2 Crisis accommodation**

**Overall, the number of users who accessed specialist homelessness services is broadly stable in Queensland. Notably, access to specialist homelessness services has increased in remote areas.**

Specialist homelessness services are a key crisis support for people trying to escape from domestic and family violence. AIHW data shows that domestic and family violence is one of the leading causes of homelessness for women in Australia. This is driven by a range of factors, including lack of social supports, housing affordability and lack of other housing supports.<sup>36</sup>

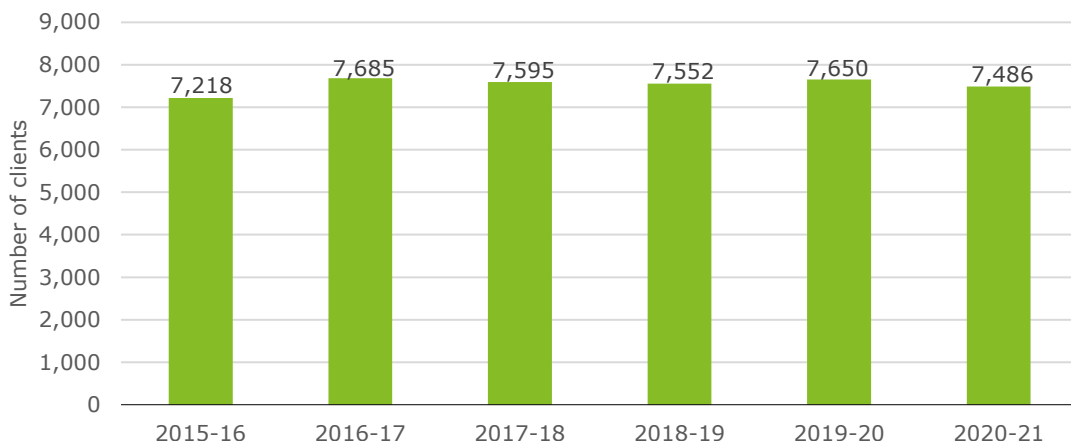
Over the period 2015-16 to 2020-21, the number of people accessing specialist homelessness services due to domestic and family violence has remained largely constant, with approximately 7,500 people accessing services each year (Chart 9.10).

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<sup>36</sup> Warren, S. McAuliffe, D. 2021. Homelessness and domestic and family violence in Queensland mining communities: The experiences of women and families accessing safe and affordable housing. The Extractive Industries and Society.

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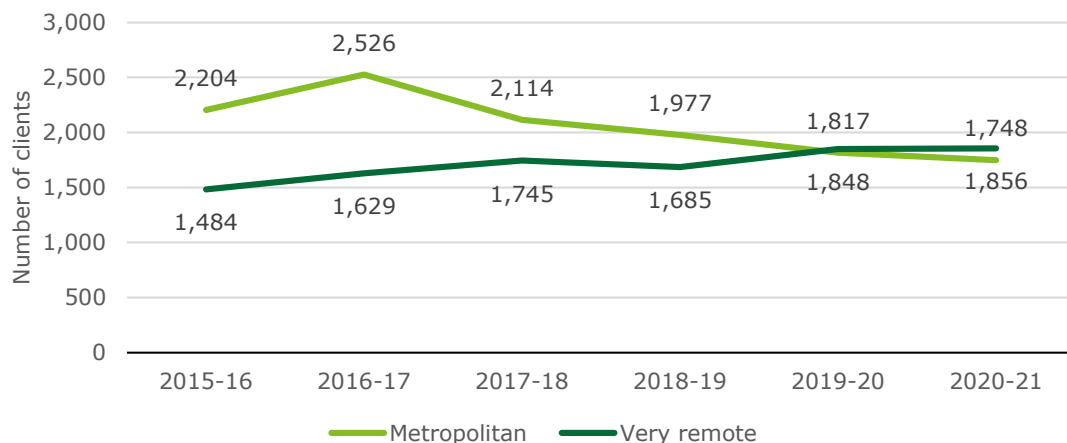
Chart 9.10 The number of SHS clients with domestic and family violence as a reason for seeking assistance, 2015-16 to 2020-21



Source: Deloitte Access Economics analysis using SHS data provided by DCHDE

The disaggregation of homelessness service clients service data by location provides greater insight into the dynamics of service access over time (Chart 9.11). This analysis shows that people accessing specialist homelessness service to escape DFV is decreasing in metropolitan areas, but increasing in very remote areas. Further, the number of people accessing specialist homelessness services in remote areas is approximately 90 times greater than in metropolitan areas, once controlling for population size.

Chart 9.11 The number of SHS clients with domestic and family violence as a reason for seeking assistance, 2015-16 to 2020-21, difference between very remote and metropolitan areas



Source: Deloitte Access Economics analysis using SHS data provided by DCHDE

Notes: This chart only includes SHS clients in metropolitan and very remote areas.

There are a number of factors that may have contributed to higher demand for specialist homelessness services in remote areas. First, research has found that the severity of domestic and family violence can be worse in remote areas, largely due to cultural barriers and increased social isolation.<sup>36</sup> As discussed in Section 3, this is particularly an issue for Aboriginal and Torres Strait Islander peoples who account for approximately 38% of people that live in very remote areas in Queensland.<sup>37</sup>

<sup>37</sup> ABS. 2016. Census Table Builder.

Second, consultations with service providers identified that there is a lower level of supply of support services and affordable housing in remote communities. Particularly, consultations indicated that that people are less likely to seek support early in remote communities - particularly Aboriginal and Torres Strait Islander peoples - which can lead to an increased likelihood that people will utilise crisis supports.

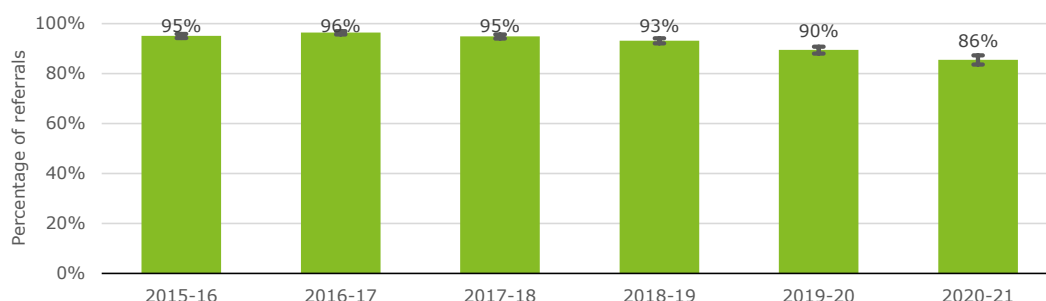
**While timeliness to access accommodation has remained high, the COVID-19 pandemic has impacted the amount of time required to complete crisis accommodation referrals.**

The timeliness to which people access crisis housing (such as SHS) is an important indicator to the degree to which housing services are sufficiently responsive to the needs of victim survivors of DFV. Data on the timeliness of access to all SHS by victim survivors is not available. This Review instead assesses the timeliness of referrals to government-funded crisis accommodation due to escaping DFV (a subset of the SHS data) to provide an indication of the timeliness of access to crisis accommodation (in general) for victim survivors in Queensland.<sup>38</sup>

In 2020-21, the timeliness of referral processing to access crisis accommodation has decreased slightly, potentially due to the impacts of the COVID-19 pandemic (Chart 9.12). The proportion of referrals that are completed within 48 hours (a key indicator of progress for The Strategy) has declined from 93% in 2018-19 to 86% in 2020-21. While there are indications that processing times were declining since 2018-19 (prior to the COVID-19 pandemic), the decline is not statistically significant.

The decline of the percentage of referrals to government-funded crisis accommodation due to escaping domestic and family violence completed in 48 hours in 2019-20 and 2020-21 may be driven, in part, by the impact of the COVID-19 pandemic. Specifically, lockdowns throughout parts of 2019-20 and 2020-21 may have delayed processing times for some people. In addition, the government has also moved away from shelter-style crisis accommodation in the interest of public health as part of the COVID-19 response.

Chart 9.12 Percentage of referrals to government-funded crisis accommodation due to escaping domestic and family violence completed in 48 hours, 2015-16 to 2020-21



<sup>38</sup> Referrals to government-funded crisis accommodation due to escaping DFV data is sourced from the Queensland Homelessness Information System (QHIP). QHIP is an administrative dataset that was developed and implemented to facilitate referrals for crisis accommodation. It was not designed as a data capture, monitoring, or reporting system. Therefore, analysis and findings using this data source should be treated with caution and as indicative only.



Source: Deloitte Access Economics analysis using crisis accommodation data provided by DCHDE

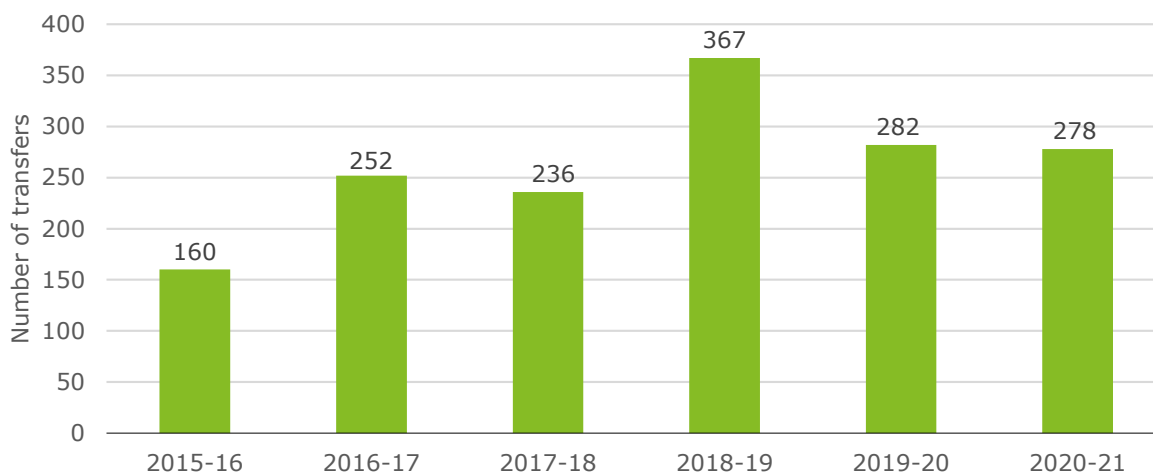
### 9.5.2.3 Transfers to safer accommodation

**The number of people being transferred from social housing to other government-owned and managed housing due to DFV has been increasing over time. Processing times for transfers have also declined.**

Housing transfers can occur when a social rental housing tenant requests a transfer to an alternative address due to domestic and family violence at their current address. To ensure that a person’s safety is protected, it is important that transfer requests due to domestic and family violence are actioned quickly, where possible.

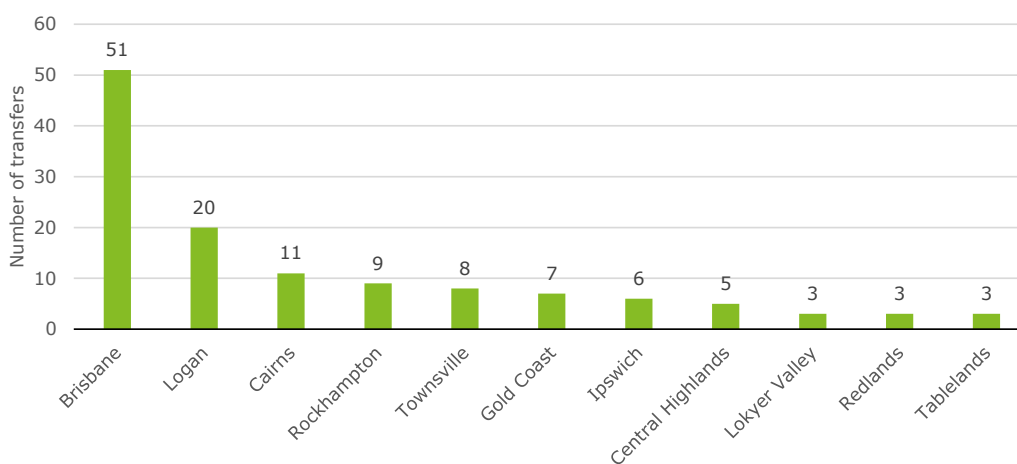
Overall, transfers to safer accommodation have been steadily increasing since 2015-16, from 160 in 2015-16 to 278 in 2020-21 (Chart 9.13). However, further analysis shows that this growth in transfers has not been a consistent trend across all LGAs. Specifically, Chart 9.14 shows that growth has been concentrated in the Brisbane and Logan regions over the period 2015-16 to 2020-21. Further, the majority of growth that has occurred since 2015-16 occurred in 2016-17, and there was a notable peak in 2018-19.

Chart 9.13 Total number of transfers from social housing to government-owned and -managed social rental housing due to domestic and family violence, 2015-16 to 2020-21



Source: Deloitte Access Economics analysis using DFV transfer data supplied by DCHDE.

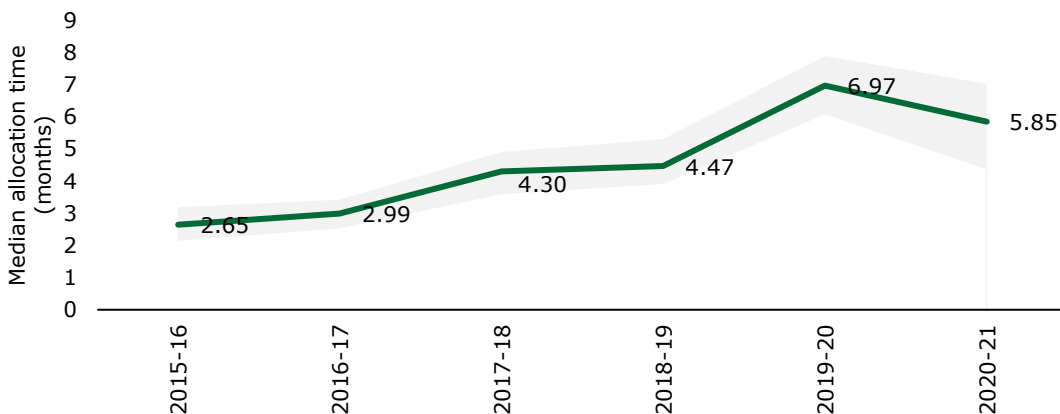
Chart 9.14 Absolute change in transfers over period 2015-16 to 2020-21 per LGA, top 10 LGAs by growth



Source: Deloitte Access Economics analysis using DFV transfer data supplied by DCHDE.

However, allocation times of transfers have been increasing, from a median of 2.65 months in 2015-16, to 5.85 months in 2020-21 (Chart 9.15). The increase in allocation time could be due to several issues, including timeliness for the availability of a suitable property to become available, as well as an increase in demand over time, as was found in the evaluation of the Second Action Plan. However, it is important to note that those who are waiting for permanent relocation may be able to access temporary housing support, such as crisis accommodation and shelters, as well as brokerage funds. Specifically, increases in the access to brokerage funds and rental loans have correlated within increased wait times for transfers, which may provide an indication that some substitution of housing supports is occurring (see Chart 9.17).

Chart 9.15 Allocation times of transfers from social housing to government-owned and-managed social rental housing due to domestic and family violence, 2015-16 to 2020-21



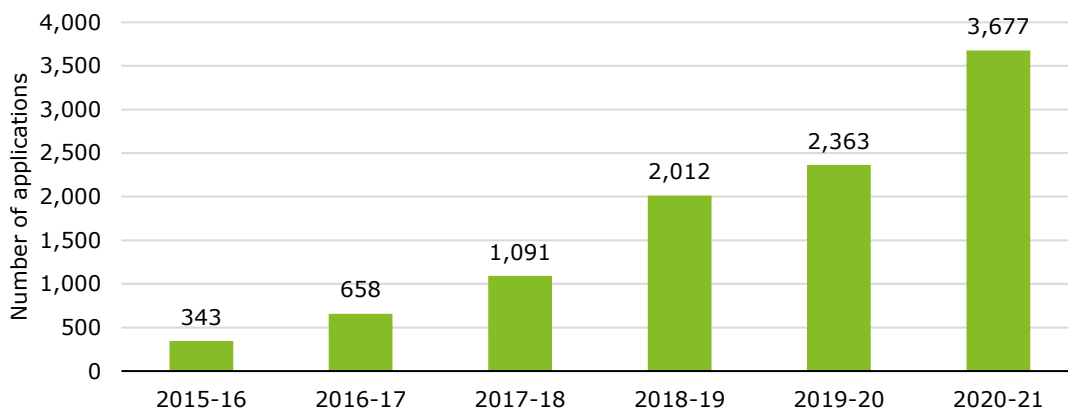
Source: Deloitte Access Economics analysis using DFV transfer data supplied by DCHDE.

**9.5.2.4 Noncrisis accommodation**

**More victims have received access to financial and housing supports that are longer term in nature. However, urban areas are more likely to access longer-term supports than remote areas, indicating potential supply gaps.**

Demand for long-term social housing by people experiencing DFV has increased since 2015-16. From 2015-16 to 2020-21, the number of social rental housing applicants who have a verified DFV code on their housing needs assessment increased from 343 to 3,677 (Chart 9.16).

Chart 9.16 Number of social rental housing applications who have a verified DFV code on their housing needs assessment, 2015-16 to 2020-21

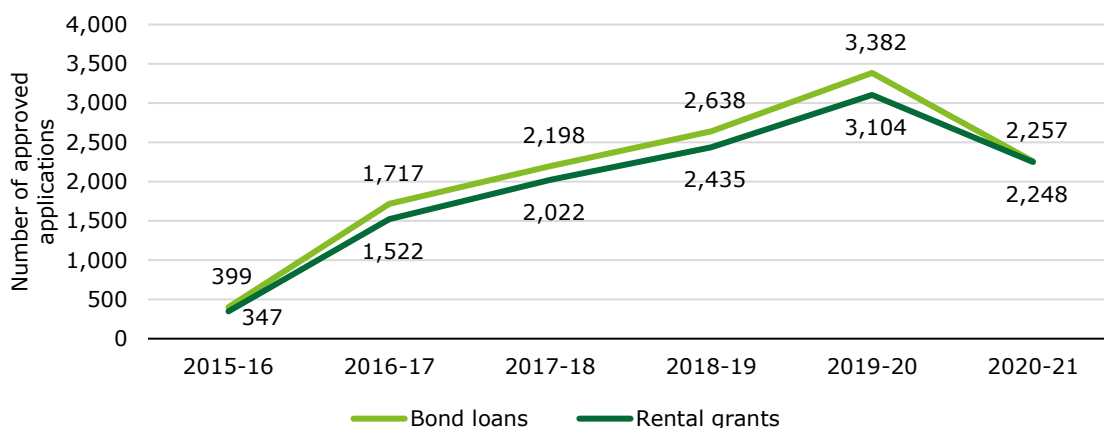


Source: Deloitte Access Economics analysis using Social Rental Housing applications data supplied by DCHDE.

Similarly, bond loans and rental grants have increased for applications involving domestic and family violence. From 2015-16 to 2019-20, the number of applications for bond loans approved

increased from 399 to 3,382, while the number of applications for rental grants approved increased from 347 to 3,104 (Chart 9.17). There was a notable decline in 2020-21. This was attributed by the Queensland Government to low vacancy rates in the private market and increased challenges faced by customers with lower income in securing private rentals.

Chart 9.17 Approved applications for bond loans and rental grants due to DFV, 2015-16 to 2020-21



Source: Deloitte Access Economics analysis using bond loans and rental grants data supplied by DCHDE.

However, as identified in the Equity chapter (Chapter 12), there appears to be a service gap for access to longer-term housing supports for people living in remote communities, and specifically Aboriginal and/or Torres Strait Islander communities, in comparison to urban areas. Specifically, people living in remote communities are far more likely to engage with crisis supports (crisis accommodation and specialist homelessness supports) than longer term supports, such as social housing, rental grants and bond loans. This is illustrated in the case study on the Mossman (refer to Appendix K), where overcrowding in houses was perceived to be common for Aboriginal and Torres Strait Islander families in the area.

### 9.5.3 Justice system supports

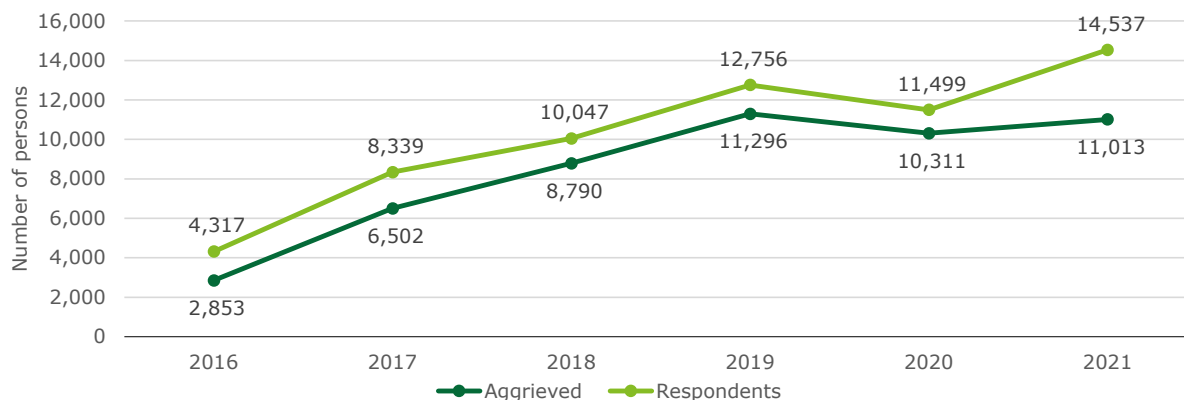
#### More victim survivors and perpetrators are accessing specialist domestic and family violence trained duty lawyers.

DFV duty lawyers are government-funded lawyers who specialise in DFV matters. They have the capacity to provide a host of legal services, from advice over DVO through to the in-court representation in some locations. They are made available to support individuals involved in DFV matters.

The number of respondents and aggrieved who accessed DFV duty lawyers in 2021 is 3.4 times higher than 2016 levels (Chart 9.18). There is insufficient information to ascertain what accounts for the widening gap between the number of aggrieved and respondent parties who were seen by DFV duty lawyers.

The increase in use of DFV duty lawyers is indicative of two 'driving' factors. Firstly, The Strategy has led to a higher number of duty lawyers that have completed training in DFV law (see Supporting Outcome 7). Second, the DFV integrated service system may have improved the degree to which respondents and aggrieved parties are referred to trained DFV duty lawyers.

Chart 9.18 Number of aggrieved and respondent parties who were seen by DFV duty lawyers, 2015-16 to 2020-21



Source: Deloitte Access Economics analysis using data supplied by DJAG.

Notes: Decline in 2019-20 is attributable to impacts of COVID-19 on face-to-face interactions between lawyers and parties.

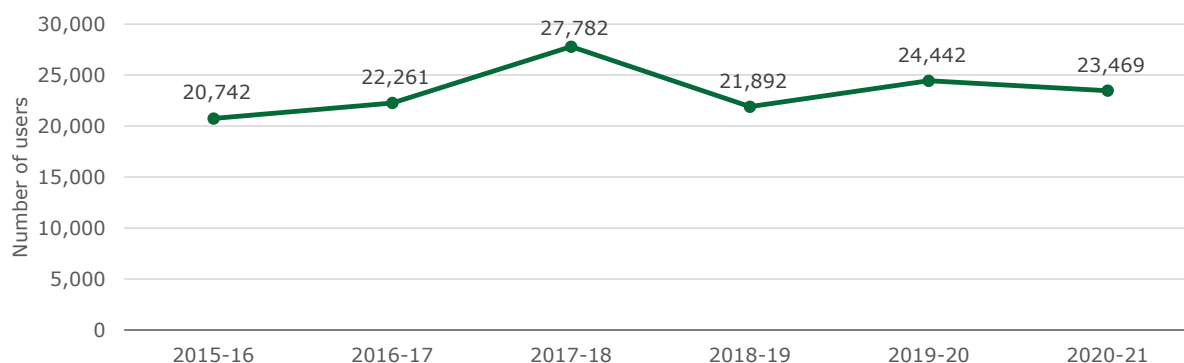
### 9.5.4 Counselling services

**The number of DFV counselling service users with cases closed or finalised has exhibited volatility over the period 2015-16 to 2020-21. There is limited contextual information about the types of needs that were met and if service gaps exist.**

DFV counselling services provide support for those affected by domestic and family violence. This support is flexible and is client-focused – success is defined by what the affected user wants from counselling. Services are largely run by non-government organisations.

The number of service users with cases closed or finalised because of the majority of identified needs being met has exhibited volatility and averages approximately 23,400 per year over the period 2015-16 to 2020-21 (Chart 9.19).

Chart 9.19 Number of DFV counselling service users with cases closed or finalised due to the majority of identified needs being met



Source: Deloitte Access Economics analysis using data supplied by DJAG

However, these data provide little information about the types of needs that were (or were not) met or if service gaps exist. Based on the case study on housing supports (see Appendix L), there is anecdotal evidence that DCHDE’s Specialist Response Team has enabled the delivery of more streamlined supports to families. This includes access to support services beyond housing – for example, mental health and wellbeing supports. Frontline workers have observed that victims are increasingly presenting with three or more risk factors alongside DFV. It is, therefore, increasingly critical for frontline workers to have the capability to assess and refer victims to appropriate

services. This should also be accompanied with an expansion in the capacity of support services so that all victims have continued access to high-quality supports.

## 9.6 Services rebuilding and protecting victims and their families

This section assesses the degree to which the Third Action Plan has increases access to, and responsiveness of, services that help victim survivors to rebuild their lives, gain independence and avoid revictimisation.

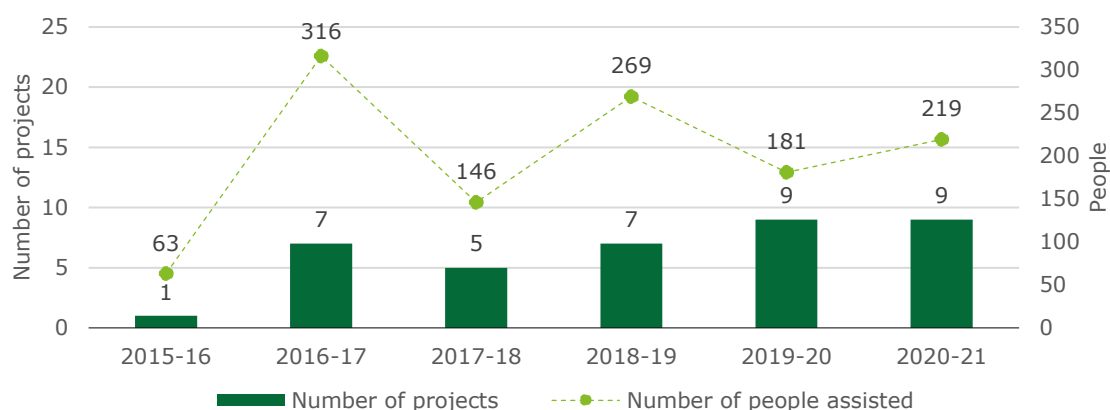
### 9.6.1 Supporting victim survivors to rebuild their lives and gain independence

**The SQW initiative has continued to fund projects that may directly or indirectly target victims of domestic and family violence to upskill and gain employment.**

Skilling Queenslanders for Work (SQW) is a Queensland Government initiative that supports disadvantaged people to gain skills, qualifications and experience to enter or stay in the workforce. As of 30 June 2021, the SQW initiative has funded 38 projects worth more than \$6.6 million, which identify as providing customised support to Queenslanders experiencing domestic or family violence.

There has been an increase in SQW projects that identify as providing customised support to Queenslanders experiencing domestic and family violence from one in 2015-16, to nine in 2020-21 (Chart 9.20). Funding under SQW is fully contestable and relies on the capacity of community organisations to develop proposals and deliver projects. Funded projects provide wraparound supports to support people with health and social issues, as they undertake skills development and nationally recognised training. While SQW funds projects that may directly or indirectly target victims of domestic and family violence, specific participant data is not collected.

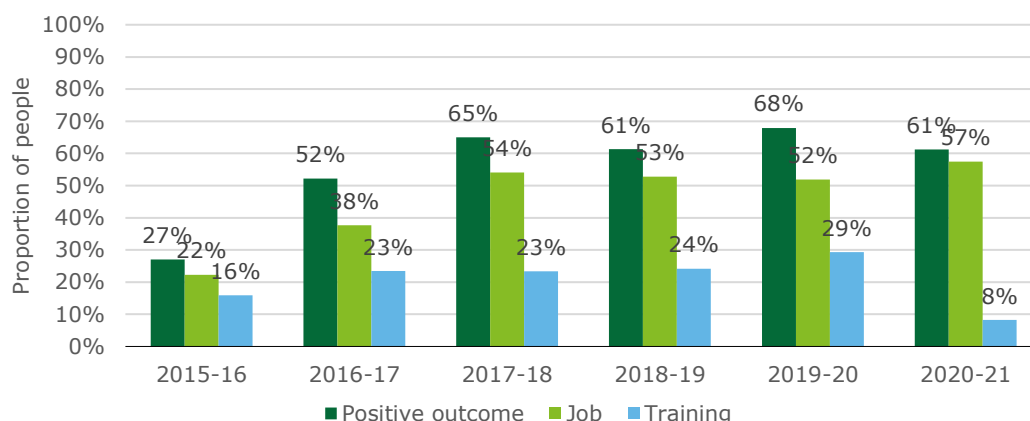
Chart 9.20 Number of SQW projects and people assisted



Source: Deloitte Access Economics analysis using data provided by DESBT

The proportion of participants with a positive outcome through the SQW has also been increasing each year, from 27% in 2015-16 to 68% in 2019-20. However, most recently, there was a decline in the proportion of those exiting with a positive outcome in 2020-21. This is likely because some people who commenced the program in 2020-21 were likely still completing the program by the cut-off date of July 2021 (Chart 9.20).

Chart 9.21 Number of exited SQW participants experiencing positive outcomes on projects identified as providing customised support to DFV victims



Source: Deloitte Access Economics analysis using data provided by DESBT

### 9.6.2 Child protection

**The proportion of children with domestic and family violence as a risk factor in child protection investigations has increased over time. This may be reflective of improvements in the child protection system’s DFV screening abilities or growing prevalence of domestic and family violence.**

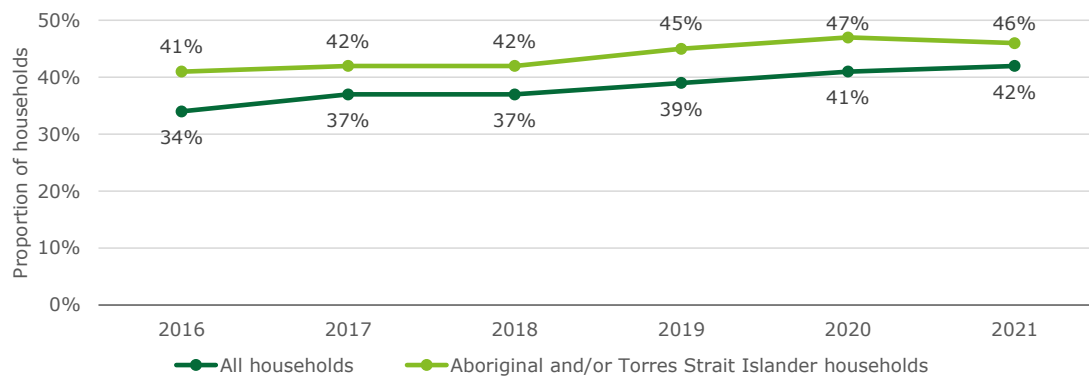
DFV can have pronounced impacts on children, as either the victim of domestic and family violence, or by being exposed to domestic and family violence. Therefore, the ability of the child protection system to identify children who are exposed to domestic and family violence is critical. Where a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm and does not have a parent able and willing to protect them from harm, the child is considered in need of protection.

An indication of the child protection systems ability to detect children at risk due to domestic and family violence is the proportion of child protection investigations where domestic and family violence is identified as a risk factor. Over the period 2016 to 2021, the proportion of child protection investigations where domestic and family violence is identified as a risk factor increased from 34% in 2016 to 42% in 2021. This may be reflective of an improvement of the child protection system to screen for DFV, improvements in reporting of children at risk of DFV, or may be reflective of a growing prevalence of domestic and family violence (Chart 9.22). On the former, additional training has been provided to staff who work in the child protection system to assist them to respond to concerns raised about a child in the context of DFV.

However, there remains scope to strengthen the broader domestic and family violence service system (which extends beyond the child protection system) in supporting children who either experience or are exposed to DFV. During consultations, supports for young people who were exposed to domestic and family violence were consistently highlighted as a gap by stakeholders across the board. They noted that these challenges are exacerbated in regional and rural areas where there is more limited availability of support services.

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Chart 9.22 Percentage of households displaying risks of DFV which have been investigated and assessed by child protection services



Source: Deloitte Access Economics using DCYJMA data.

# 10 Supporting Outcome 6

*To what extent have perpetrators stopped using violence and are they held to account?*

## **Key findings**

### **Availability of behaviour change programs in Queensland**

There has been no change in the number of perpetrator prevention programs delivered throughout Queensland over the past two years. During consultations, stakeholders noted that current capacity of existing behaviour change programs is insufficient to meet existing demand due mainly to staffing and financial constraints. There is also a need to ensure that the existing suite of perpetrator interventions recognise and respond to the specific needs and experiences of specific diverse population cohorts.

### **Commencement and completion of behaviour change programs**

From 2015-16 to 2020-21, an average of 10,723 perpetrators have accessed perpetrator programs in Queensland each year, and this has been largely stable since 2018-19. Completion rates have varied by program type due to a range of factors, such as the lack of readiness to change and limited accountability mechanisms to ensure that participants successfully complete programs.

### **Impact of perpetrator interventions on behaviours and attitudes**

The implementation of new service requirements for perpetrator interventions (DJAG's Perpetrator Intervention Service Requirements) is expected to promote greater consistency in quality outcomes for victims and perpetrators. Moving forward, there is scope to expand resources to support more robust evaluations on the impact of perpetrator interventions. This would support continuous improvements to the design and delivery of perpetrator interventions.

## **10.1 Objectives of Supporting Outcome 6**

**Perpetrator interventions** refer to system and service responses to perpetrators of domestic, family, and sexual violence from the community sector and within the civil, criminal, child protection and family law systems<sup>39</sup>. A perpetrator intervention may denote any single or combined use of a suite of strategies that are all motivated by the principal goal of protecting victims (predominantly women and children) from violence. Such interventions are rehabilitative rather than punitive and aim to shift a perpetrator's attitude to support long-term change.

There are two main categories of perpetrator interventions: 1) intervention orders and 2) perpetrator intervention programs. An intervention order is an action taken by the police and courts that requires a perpetrator to comply with a number of conditions including the cessation of

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<sup>39</sup> ANROWS (2016). Perpetrator interventions research. <https://www.anrows.org.au/perpetrator-interventions-research/>.



violence alongside other conditions related to the protection of the victim(s). Perpetrator intervention programs may include individual programs of response, such as court-ordered counselling, but often include Men’s Behaviour Change Programs – these are structured courses that a perpetrator attends.<sup>40</sup>

Supporting Outcome 6 focuses on holding perpetrators to account and stopping their use of violence. Under the Third Action Plan, the Queensland Government outlines two actions to be delivered that support the progress against Supporting Outcome 6:

- Strengthen responses to hold perpetrators to account and increase system accountability through quality domestic and family violence perpetrator programs (signature action)
- Explore opportunities for perpetrator interventions, including alternative interventions whilst perpetrators wait to attend men’s behaviour change programs (supporting action)

These two actions fall under the implementing domain of two agencies - DJAG and QCS.

Based on the Revised Indicator Matrix of the Evaluation Framework for The Strategy, the following evaluation questions are used to assess how well the supporting outcome is being achieved:

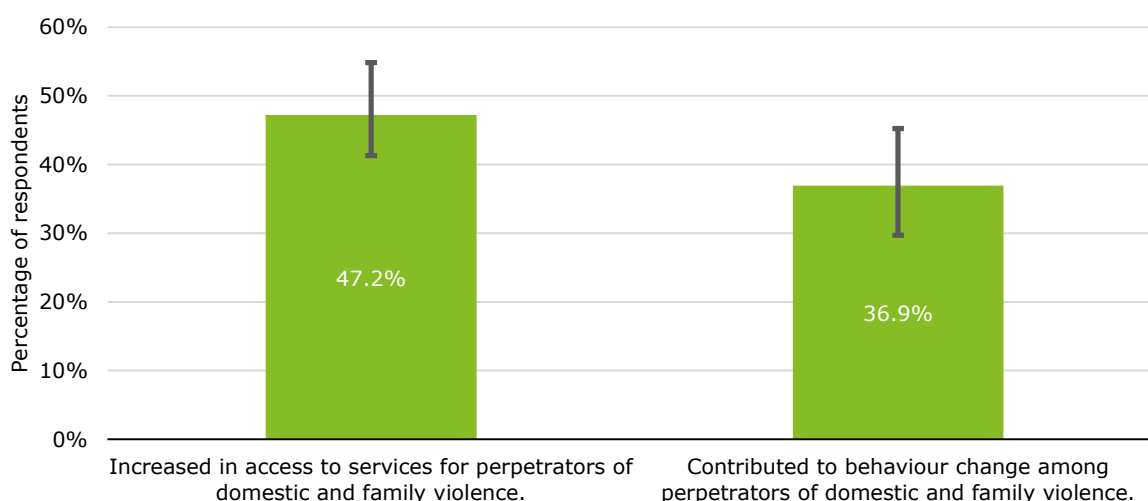
1. Has The Strategy contributed to perpetrators accessing appropriate interventions in a timely manner?
2. To what extent are behaviour change programs effective in supporting perpetrators to change their attitudes and behaviour?

## 10.2 Perpetrators accessing appropriate interventions in a timely manner

**Less than half of surveyed frontline staff agree that the actions under the Third Action Plan are contributing to improved access to services for perpetrators and have contributed to behaviour change among perpetrators.**

The frontline staff survey looked to understand the perceptions of frontline staff on the impact of the Third Action Plan on quality outcomes for victims and perpetrators (Chart 10.1).

Chart 10.1 Percentage of survey respondents who agree with the following statement regarding the effectiveness of initiatives within the Third Action Plan



<sup>40</sup> McGowan, Jasmine; Burley, Jessica (2020): Perpetrator Interventions Research Brief. Monash University. Online resource. <https://doi.org/10.26180/5f45cc493db15>.

Source: Deloitte Access Economics analysis of 2021 survey

Note: N=233. Agreement is categorised as a score of between 6 and 10. Only considering those that are aware of the initiatives under the Third Action Plan.

As illustrated in Chart 10.1, 47.2% of surveyed frontline staff agreed that the actions under the Third Action Plan have increased access to services for perpetrators of DFV. Further, 36.9% of surveyed frontline staff agreed that the actions contributed to behaviour change among perpetrators of DFV. The proportion of respondents who agreed with this outcome is notably lower compared to other Strategy outcomes.

It is acknowledged that the introduction of the perpetrator intervention services requirements in early 2022 is expected to improve consistency in service delivery. However, given its recent implementation, there is limited information on the extent to which this reform has improved the quality and effectiveness of behaviour change programs.

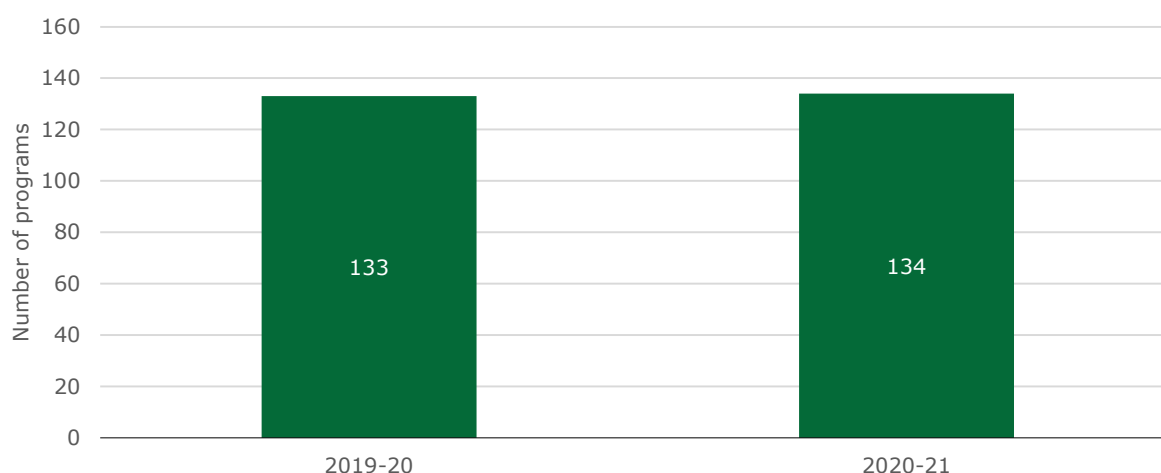
During consultations, there was comparative less feedback on the strengthening of perpetrator intervention responses. Stakeholders highlighted long-standing challenges in relation to access to perpetrator interventions.

**There has been no change in the number of perpetrator prevention programs delivered throughout Queensland over the past two years. However, there is anecdotal evidence that program capacity was affected by the COVID-19 pandemic.**

In 2020-21, the Queensland Government delivered or supported the delivery of 134 perpetrator programs (Chart 10.2). These programs are largely voluntarily accessed, and they focus on preventing violence by changing the behaviour and attitudes of perpetrators.

Data on program capacity (i.e., maximum number of participants who can participate in a program) is not collected in a consistent manner. However, there is anecdotal evidence that program capacity was affected in 2020-21 due to the COVID-19 pandemic. Specifically, as a result of COVID-19-related restrictions, some providers were unable to deliver behaviour change programs at its original scale. Stakeholders cited examples of providers reducing program size by 50% in the past two years (2020 and 2021) due to the COVID-19 pandemic.

Chart 10.2 Number of perpetrator programs operating throughout Queensland



Source: Deloitte Access Economics analysis of data provided by DJAG

Notes: Data only available for 2019-20 and 2020-21.

**The current capacity of existing behaviour change programs is insufficient to meet existing demand.** This is evidenced by commonly cited examples of long waiting lists to attend behaviour change programs. In addition to the impact of the COVID-19 pandemic, the limited availability of behaviour change programs was also driven by two other factors:

- **Limited funding in this area.** There was general acknowledgement among stakeholders that behaviour change programs are chronically underfunded. Some agencies have utilised internal reprioritised funding to meet existing demand for men's behaviour change programs. For example, QCS noted that no funding has been provided to support DFV programs within the Queensland correctional system despite the high and increasing number of identified DFV perpetrators. This has meant that only limited service delivery can be undertaken with existing resources. Running safe and high-quality behaviour change programs requires staffing resources for program management, internal program facilitators, intelligence monitoring and significant funding for victim advocacy services.
- **Workforce recruitment and retention challenges.** While service providers noted the importance of having specific qualification requirements for behaviour change programs (as specified in the DJAG's Perpetrator Intervention Services Requirements), this has the unintended consequence of limiting the pool of qualified candidates who can take up program facilitator roles. A high proportion of facilitators are also employed on a part-time and contractual basis, which exacerbates challenges of retaining those with specialised skills.

**There is a need to ensure that the existing suite of perpetrator interventions recognise and respond to the specific needs and experiences of specific population cohorts.**

Stakeholders noted limited availability of behaviour change programs that target specific cohorts:

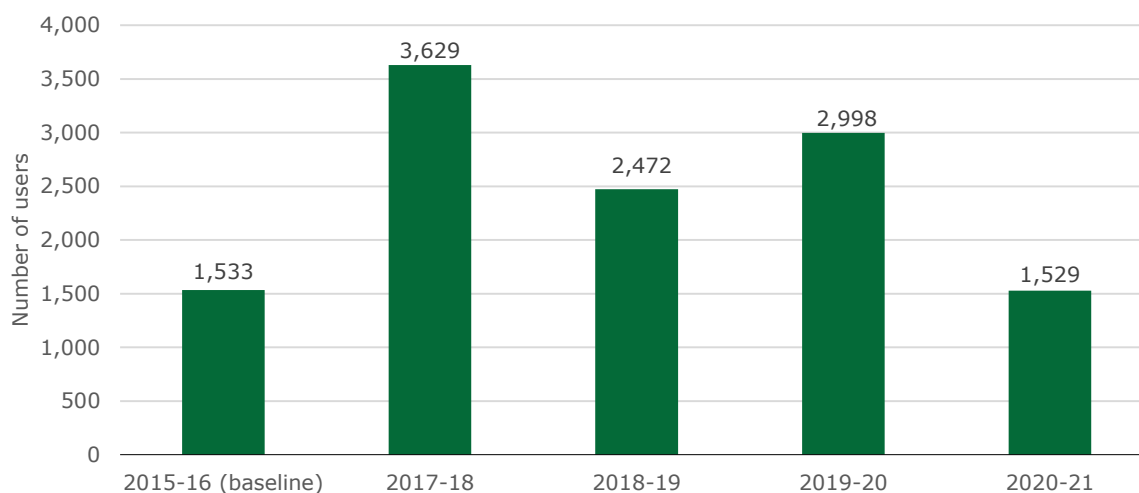
- Perpetrators in **regional and remote** areas are less likely to have access to behaviour change programs. It is acknowledged that some government bodies have taken steps to address this by implementing men's support programs for men (see Appendix K on the CJG Enhancement Program case study); however, most stakeholders agreed that there was a general gap in evidence-based men's behaviour change programs in regional and remote areas.
- There is generally limited – and in some instances, no – **behaviour change programs that target more diverse cohorts, such as perpetrators who identify as Aboriginal and Torres Strait Islander or are from CALD backgrounds.** While some stakeholders identified isolated examples of culturally appropriate behaviour change programs (for example, Mount Isa has a Men's Program called Didgeri that specifically caters to Aboriginal and Torres Strait Islander men), the general consensus was that was scope to develop more targeted behaviour change programs. For example, one stakeholder noted the lack of behaviour change programs that are culturally appropriate and adopt trauma informed approaches to address intergenerational trauma experienced by Aboriginal and Torres Strait Islander perpetrators. Additionally, some providers use curriculums that are not suited to those who speak English as a second language.
- **Perpetrators with disabilities** also generally do not receive appropriate interventions that are tailored to their needs and contexts. One stakeholder cited an example of perpetrators who are autistic and may not be able to fully participate in a group setting.
- Stakeholders from different parts of Queensland have highlighted rising cases of **young people committing violence toward parents.** However, there is currently limited intervention programs for young perpetrators who commit violence, some of whom have experienced significant trauma at a young age.

**It is acknowledged that several Queensland Government departments have started developing trial programs to address these gaps.** For example, DJAG recently developed an online perpetrator intervention program partly to assess the feasibility of running discrete programs for specific types of perpetrators, such as perpetrators who identify as Aboriginal and Torres Strait Islander who may be located across different parts of Queensland (Appendix I).

**10.3 Impact of perpetrator interventions on behaviours and attitudes**  
**The number of perpetrators who have been assessed by nongovernment organisations to have reduced their use of DFV has been highly variable on a year-to-year basis, with evidence of significantly reduced numbers in 2020-21.**

Evidence suggests that there is significant variability in the number of perpetrators who experience behaviour change after completing perpetrator programs. The number of perpetrators who experienced behaviour change in 2015-16 was 1,533 – comparable to 2020-21 when the number of perpetrators who experienced behaviour change was 1,529 (Chart 10.3). However, from 2017-18 to 2019-20, the number of perpetrators who experienced behaviour change varied between 2,472 and 3,629.

Chart 10.3 Number of perpetrators assessed by NGOs as having reduced their use of DFV



Source: Deloitte Access Economics analysis of data provided by DJAG

Note: Data for 2016-17 is not available.

**The development of new service requirements for perpetrator interventions is expected to promote greater consistency in quality outcomes for victims and perpetrators.**

DJAG developed Perpetrator Intervention Services Requirements, which took effect on 1 January 2022 (the “PIS Requirements”). The PIS Requirements set a minimum program standard for services and focused on seven key aspects – group readiness; duration of group programs; maximum number of group participants; gender of co-facilitators; and the qualifications and requirements for facilitators, victim advocates and observers. This was accompanied with a service delivery and risk management plan, as well as a self-assessment checklist. DJAG has also developed detailed compliance monitoring and reporting processes to support monitoring of providers’ compliance with the PIS Requirements. Given its early stage of implementation, it remains unclear over the extent to which the PIS Requirements have contributed to improved quality of behaviour change programs. Stakeholders observed that while most behaviour change program providers exceed minimum service requirements, there were a few providers who have discontinued their services due to limited funding to support improvements in quality.

**In terms of performance monitoring, there is scope to expand resources to support more robust evaluations on the impact of existing perpetrator interventions.**

ANROWS research<sup>41</sup> found that program evaluation of perpetrator intervention services have commonly been process-oriented with success being defined in terms of outputs, such as the number of participants completing the program. A greater focus on outcomes in evaluation will ensure that learnings will be able to inform future program design and delivery.

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<sup>41</sup> ANROWS (April 2019) “Men’s behaviour change programs: measuring outcomes and improving program quality – key findings and future directions.”

## 10.4 Perpetrators participate in programs and services that enable them to change their violent behaviours and attitudes

This subsection assesses the extent to which perpetrators accessed and completed perpetrator programs (also commonly known as behaviour change programs).

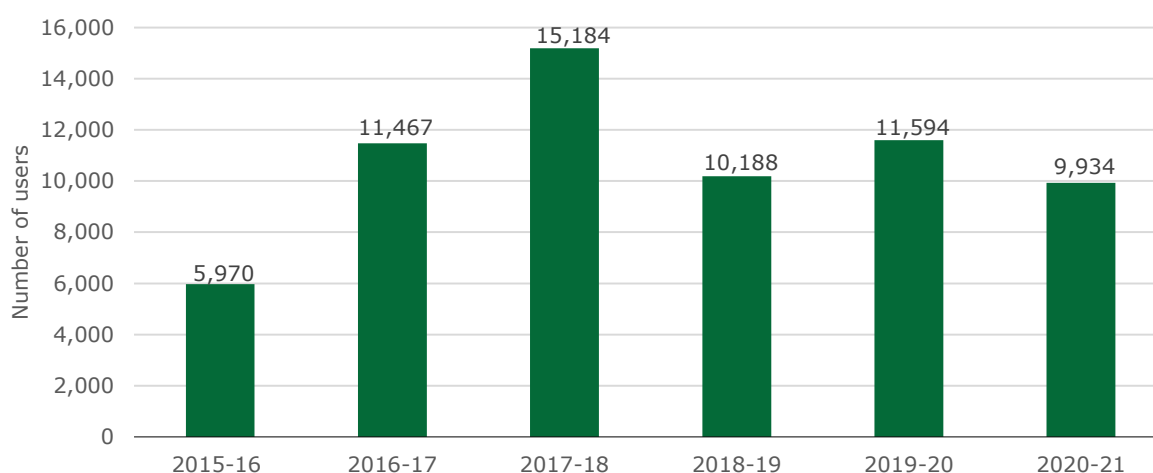
### 10.4.1 Number of perpetrators who accessed perpetrator programs

**From 2015-16 to 2020-21, an average of 10,723 perpetrators have accessed perpetrator programs in Queensland each year, and this has been largely stable since 2018-19.**

Perpetrator programs are accessed on a voluntary and mandatory basis, though the majority of programs are accessed due to mandatory orders. In 2019-20 and 2020-21, the community perpetrator programs operated by community organisations were accessed by 11,594 and 9,934 perpetrators respectively (Chart 10.4). This indicates that, on average, approximately 74 to 86 perpetrators per program.

While the evaluation of the Second Action Plan suggested that the number of perpetrators accessing perpetrator programs was increasing, this trend has not continued throughout the duration of the Third Action Plan. From 2015-16 to 2017-18, the number of perpetrators accessing perpetrator programs increased from 5,970 to 15,184. However, from 2018-19 to 2020-21, the number of perpetrators accessing perpetrator programs varied between 9,934 and 11,594.

Chart 10.4 Number of perpetrators who accessed government-supported perpetrator programs in Queensland



Source: Deloitte Access Economics analysis of data provided by QCS

Note: Perpetrators who accessed government programs includes those who were assessed for, commenced and/or completed perpetrator programs.

### 10.4.2 Commencement and completion of government-led perpetrator programs

**The number of perpetrators who have been commencing and completing government-led perpetrator programs has increased since 2015-16. Completion rates have varied by program type.**

**Stakeholders stated that data on behaviour change programs is collected in an inconsistent manner.** Providers were said to have limited data collection and reporting obligations for evaluation purposes. It is also more challenging to standardise data collection as perpetrator interventions are delivered by a wide range of nongovernment providers. This means that level of commencement and completion data is likely to be understated.

For this Review, Deloitte assessed the level of commencement and completion through data on two different government-funded perpetrator programs:

1. **The MDVEIP.** MDVEIP is a 27-week program available to offenders on Court Orders or under supervision of Community Corrections. MDVEIP has been operating through a joint agreement

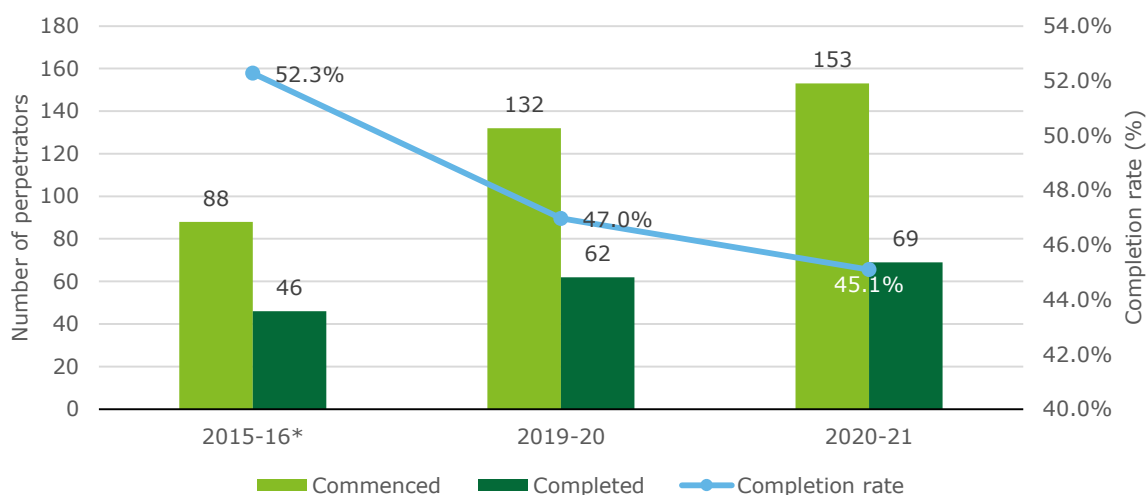
between the Domestic Violence Prevention Centre Gold Coast Inc. and QCS since 2000. The program is run in the South Coast Community Corrections Region, which comprises District offices from Burleigh, Southport, Beenleigh and Logan, and location of delivery within this region can vary. A case study on the evaluation of an online version of the MDVEIP program can be found in Appendix I.

2. **The Disrupting Family Violence Program (DFVP).** QCS commenced an 18-month trial of the DFVP. The program was offered in two intensities (50 hour and 75 hour) at Woodford, Wolston and Maryborough Correctional Centres. The DFVP included perpetrators who were sentenced, identified with a history of family violence against their intimate partners, and were incarcerated at the correctional centres trialling the program.

#### 10.4.2.1 MDVEIP program

Compared to 2015-16, the number of commencements and completions of the MDVEIP have increased from 88 and 46 to 153 and 69, respectively. However, the completion rate has declined from 52.3% to 45.1% (Chart 10.5). It should be noted that the 2015-16 program was delivered at Logan and Southport, whereas the program was run in Logan and Beenleigh/Beaudesert in 2019-20 and 2020-21, respectively. The number of perpetrators who identify as Aboriginal and Torres Strait Islander increased slightly from 6 to 11 between 2019-20 and 2020-21.

Chart 10.5 Commencement and completion of MDVEIP



Source: Deloitte Access Economics analysis of data provided by QCS and the Domestic Violence Prevention Centre.

Note: \* 2015-16 data is for program when it was run in Southport and Logan. In 2019-20 and 2020-21, the program was run in Beenleigh/Beaudesert and Logan, respectively.

Based on stakeholder consultations, the decline in completion rates can be attributed to three key factors: (1) the likelihood that some perpetrators were not ready to participate in behaviour change programs, (2) the expiry of probation orders which meant that some participants were no longer mandated to complete the program and (3) the lack of accountability mechanisms to encourage participants to successfully complete program.

**Box 4: Suggestions to raise behaviour change program completion rates**

Government stakeholders acknowledged the need to raise the completion rates of behaviour change programs. They provided a range of suggestions to support this:

- Providing transport assistance for perpetrators to attend in-person programs.
- Ensuring that court issued orders to attend behaviour change programs are sufficiently long to account for the duration of programs. This is said to be a more significant issue in non-specialist DFV court settings (see Appendix I).
- Ensuring that participants are financially supported to regularly attend behaviour change (i.e., reduced need to take unpaid leave or time off work).
- Recalibrating when and where perpetrator programs are run to suit participants.
- Regular reminders to attend program and its importance to influence participants' decisions.
- Creating a web of accountability that involves all frontline service agencies – including those who engage with perpetrators around issues other than their violence.
- Ensuring that facilitators are highly skilled at building rapport with perpetrators to increase the likelihood that they will remain engaged throughout the program.

**10.4.2.2 The DFVP**

QCS' DFVP had comparatively higher program completion rates. Of 68 perpetrators who commenced the program, 62 completed the program (a completion rate of 91.2%), 17 of whom were Aboriginal and Torres Strait Islander peoples. The high levels of program completion rates (ranging between 80% – 90%) was consistently observed across most behaviour change programs for perpetrators who were in correctional centres.

QCS stated that the delivery of a preparatory program to assess readiness to change and filter those not ready for treatment were said to support higher completion rates. These programs enabled QCS to gauge the likelihood that individuals would be receptive towards behaviour change programs. These preparatory programs include supports for associated issues such as alcohol or other drug use, mental health, or disability-related challenges. Additionally, participants based at correctional centres were also less likely to face logistical barriers and were more incentivised to attend these programs.

# 11 Supporting Outcome 7

*To what extent does the justice system deal effectively with domestic and family violence?*

## **Key findings**

### **Access to and effectiveness of the justice system**

The number of issued DVOs, including both protection and temporary protection orders has remained stable over the period 2016-17 to 2020-21, despite reports of increases in domestic and family violence incidents that QPS responded to. The timeliness of access to protection orders was also temporarily impacted by the COVID-19 pandemic.

### **Justice system capacity**

There is evidence that the capacity of the justice system to respond to DFV has continued to increase partly through an increase in the supply of DFV-trained duty lawyers. Further, the proportion of DVO applications that are processed through a specialist court has remained stable over the period 2018-19 to 2020-21.

Intervention orders have been increasing under The Strategy until 2018-19. However, the limited availability and accessibility of perpetrator behavioural change programs has been a driving factor for the reduction in intervention orders issued by courts since 2018-19.

## **11.1 Objectives of Supporting Outcome 7**

Supporting Outcome 7 contributes to Foundational Element 3 of The Strategy – establishing a stronger justice system that will prioritise victim survivor safety and hold perpetrators to account.

The justice system is an important component to ensuring that perpetrators are held to account and victim survivors are kept safe. The *'Not Now, Not Ever'* Report put forward more than 50 recommendations aimed at improving appropriateness and effectiveness of the justice system, including the establishment of specialist domestic and family violence courts, guidelines and frameworks for magistrates and lawyers and a host of recommendations to improve the accessibility of the justice system to victim survivors.

Under the Third Action Plan, the Queensland Government outlines six actions to be delivered that support the progress against supporting outcome 7, including 1 signature action. These actions include:

- Strengthening justice responses through the findings of an 18-month evaluation of the Southport Specialist Domestic and Family Violence Court.
- Enhance support for people involved in domestic and family violence court proceedings, including promoting the use of the online application process for Domestic and Family Violence Orders and strengthening culturally appropriate responses for Aboriginal and Torres Strait Islander peoples involved in domestic and family violence proceedings.
- Continue to work with Community Justice Groups to codesign and implement a domestic and family violence response for communities.
- Continue to work as part of the national Family Violence Working Group (FVWG) to provide advice to the Meeting of Attorneys-General (formerly Council of Attorneys-General) on measures to improve interactions between the federal family law and state child protection and family violence systems.
- Evolving the Specialist Domestic and Family Violence Court model in response to evidence and evaluation findings. Specialist DFV courts currently operate in Southport, Beenleigh,



Townsville, Mount Isa and Palm Island. Southport and Palm Island deal with civil and criminal domestic and family violence matters and in 2019-20, the DFV courts in Beenleigh, Townsville and Mount Isa will be extended to hear both civil and criminal domestic and family violence matters.

This analysis measures the degree to which these objectives are met, and how they align with the overarching supporting outcome by answering the following evaluation questions<sup>42</sup> for intermediate outcomes:

- To what extent is the justice system effective and accessible processes for domestic and family violence matters and leads to the provision of a coordinated, consistent and timely response?
- To what extent has The Strategy increased capacity of the justice system to provide comprehensive and integrated services that meet the needs of perpetrators, victim survivors and families?

This Review does not assess the progress and impact of community justice groups in Aboriginal and Torres Strait Islander communities against The Strategy's Evaluation Framework; however, examples of how community justice groups have provided culturally appropriate supports to remote communities are available in Appendix K, Case Study on the Mossman Community Justice Group.

#### **Box 5: Definitions<sup>43</sup>**

A DVO is issued by the court to stop threats or acts of domestic violence. A DVO sets out rules that the 'respondent' (the person who has committed domestic violence against an aggrieved party) must obey. It is designed to keep the 'aggrieved' (the person who has had violence against them) safe by making it illegal for the respondent to behave in specific ways. Each DVO has a standard condition that the respondent must demonstrate good behaviour and not commit domestic violence against the aggrieved or any other person named on the order.

There are two types of DVOs:

1. **Protection order:** A protection order is a DVO made by a magistrate in court to protect people in domestic and family violence situations. Most protection orders last for five years; however, the order can be made for a shorter period, or be extended if the court feels it is appropriate.
2. **TPO:** A TPO is similar to a protection order, but for a shorter period of time to protect those in danger until the date a magistrate can decide the application for the full protection order.

If a magistrate makes or changes a DVO, they can also make an **intervention order** that requires the respondent to attend a behaviour change program. This order can only be made if the respondent is in the court, agrees to the intervention order being made or changed and agrees to follow the intervention order.

## **11.2 Increasing access to and effectiveness of the justice system**

This section assesses the degree to which the justice system has effective and accessible processes for domestic and family violence matters and leads to the provision of a coordinated, consistent and timely response.

### **11.2.1 DVO applications**

**The number of DVO applications was broadly stable, with a temporary decline in 2019-20 due to the COVID-19 pandemic.**

The number of finalised protection orders was relatively stable in the past three years – the number of finalised protection order applications was around 25,000 in 2018-19 and 2020-21, with

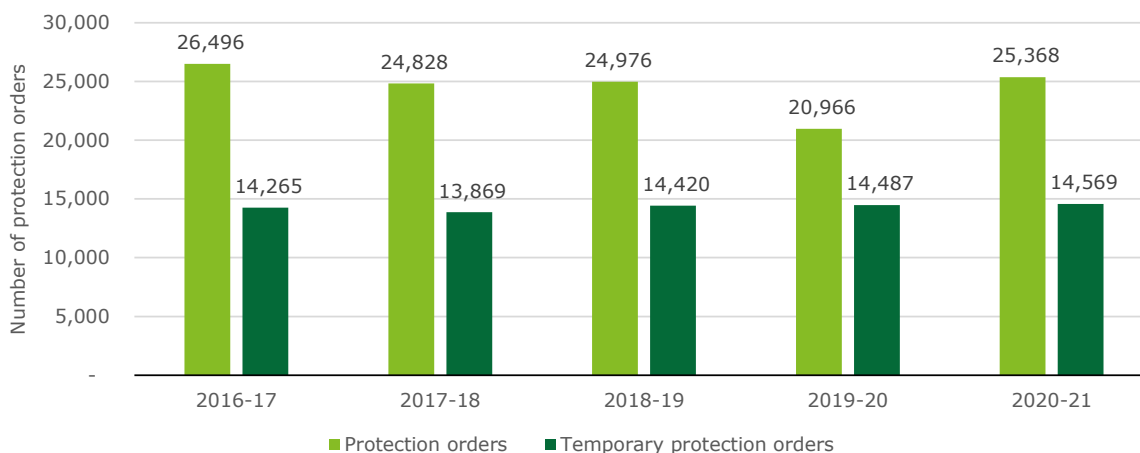
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<sup>42</sup> Supporting Outcome 7 outcomes listed in Queensland Government (2021) Revised Indicator Matrix of the Evaluation Framework for the Domestic and Family Violence Strategy (2016-2026) as of October 2021.

<sup>43</sup> Queensland Courts (2021) What is a DVO?

a temporary decline to 20,966 in 2019-20 (Chart 11.1). This decline in 2019-20 can largely be attributable to the impacts of the COVID-19 pandemic, as many applications were adjourned for up to three months during the initial COVID-19 lockdown (with TPOs issued by the court where necessary). In contrast, the number of TPOs issued remained stable.

Chart 11.1 Number of TPOs made per year



Source: Deloitte Access Economics analysis using data provided by DJAG

Notes: Chart includes protection orders made only.

These numbers may not be a true indication of the number of DFV incidents. For example, stakeholders provided anecdotal examples of DVO applications not being completed with adequate information, which resulted in those applications being struck out.

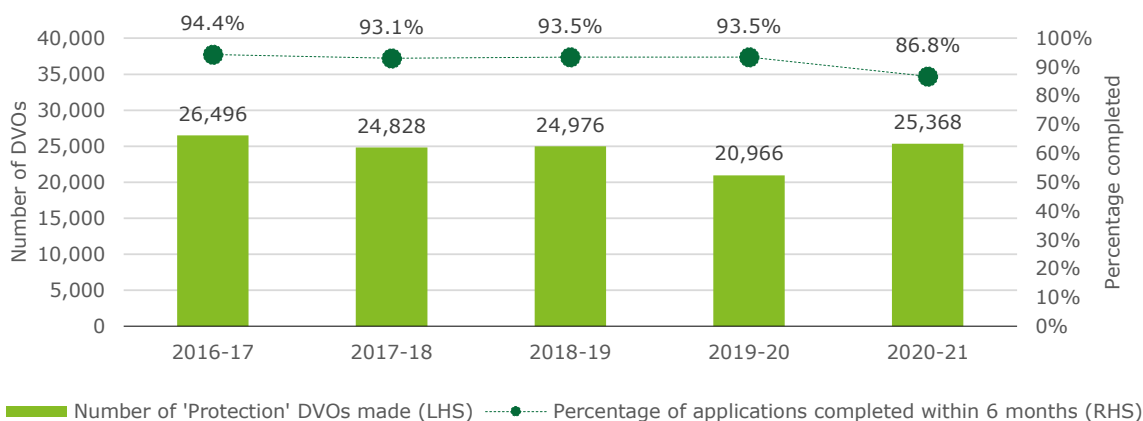
These stable figures also contrast with on-the-ground observations of higher DFV prevalence in recent years. Stakeholders have observed an increasing number of DFV victims presenting at community centres in regional areas. This is consistent with the increasing number of DFV incidents attended by QPS, discussed below (Chart 11.2). This suggests that some individuals have not pursued a potential DFV incident through the justice system. For example, some individuals may have chosen not to make a private application for a protection order.

**While it took a longer time to finalise protection orders, the number of finalised protection orders in absolute terms has increased in the past two years.**

The timeliness in which DVOs are issued to aggrieved parties is an important element in ensuring that victim survivors feel safe and protected. The timeliness of DVO finalisation is measured through the proportion of DVOs made that are finalised within six months. Over the period 2016-17 to 2019-20, the proportion of DVOs completed within six months had remained stable at approximately 93.5%. However, this proportion declined to 86.8% in 2020-21 (Chart 11.2). Despite this, in absolute terms, the number of protection orders finalised within six months increased by approximately 2,500 between 2019-20 and 2020-21. This indicates that more protection orders were issued, but the average processing times also increased during this period.

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Chart 11.2 Proportion of protection orders made that are finalised within 6 months

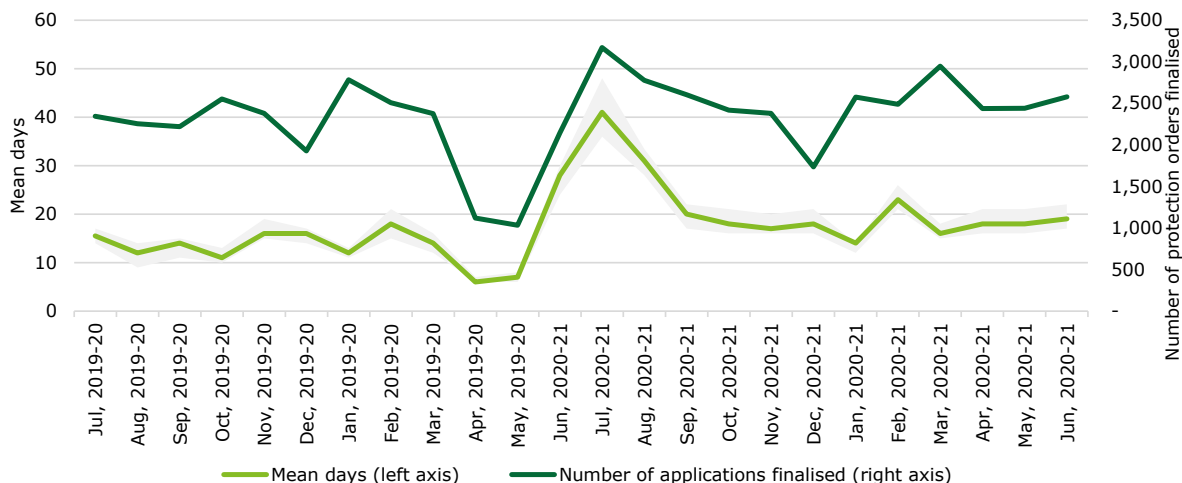


Source: Deloitte Access Economics analysis using data provided by DJAG

Notes: Chart includes protection orders made only. Percentage of applications completed within six months refers to a percentage of the number of protection orders made. For example, 86.8% of 25,368 protection orders made in 2020-21 were completed within six months.

This decrease in timeliness is consistent across demographics, application type and application mechanism. Stakeholders noted that COVID-19 may have impacted the timeliness of DVO processing times, particularly in 2020-21. The initial COVID-19 lockdown caused many DVOs to be adjourned for three months, leading to a backlog of DVOs that were mostly processed in the months of June to September 2020 (Chart 11.3). This led to an increased in finalisation times over these months. Excluding the months impacted from the COVID-19 pandemic, the difference in the mean finalisation time between DVOs made in 2020-21 and 2019-20 declines from eight days to three days.

Chart 11.3 Mean number of days to finalised for protection orders, by month



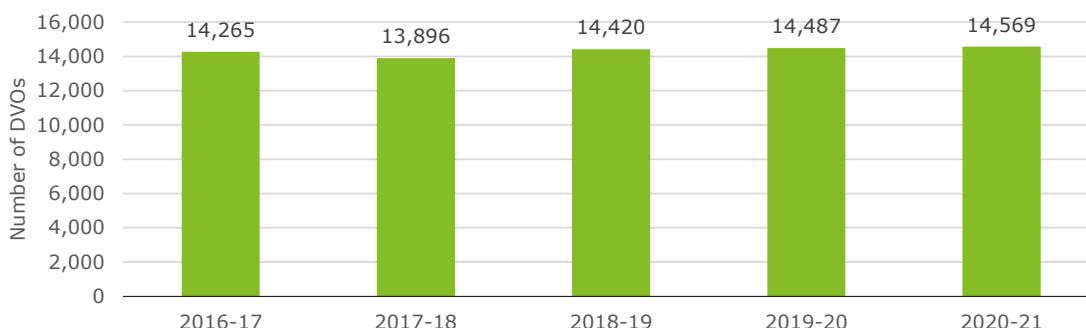
Source: Deloitte Access Economics analysis using data provided by DJAG

It is important to note that the court systems continued to prioritise addressing domestic and family violence matters throughout the COVID-19 period in 2020-21. During the period when DVO applications were adjourned, urgent applications were still being heard by the courts and TPOs were issued to protect aggrieved parties when necessary.

**The number of temporary DVOs has remained stable over time.** TPOs may be issued in instances where a victim of domestic violence requires urgent protection before the matter is

finalised before the court. Overall, temporary DVOs have been increasing slightly on a per annum basis. In 2016-17, there were 14,265 temporary DVOs made, which has remained relatively stable over the period 2016-17 to 2020-21 (Chart 11.4).

Chart 11.4 Number of temporary DVOs made per year

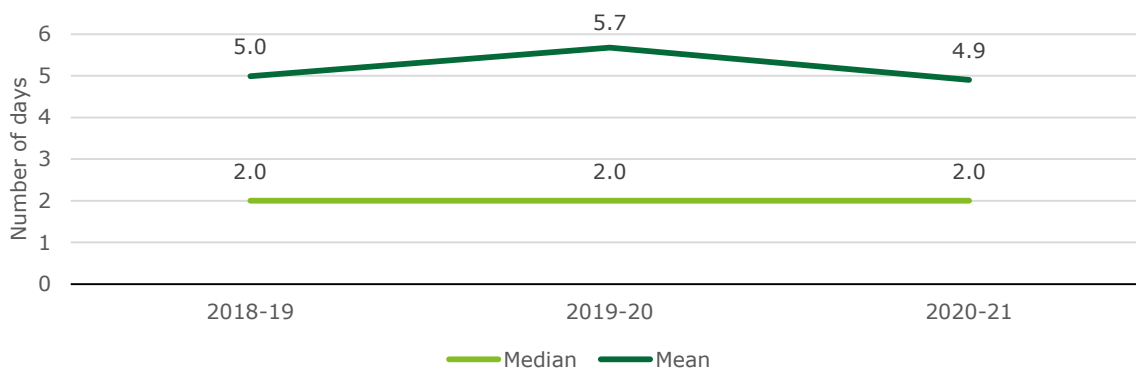


Source: Deloitte Access Economics analysis using data provided by DJAG

Between 2018 to 2021, the timeliness of processing temporary DVOs was constant (see Chart 11.5). It is important to note that the time to getting a Temporary Protection Order (TPO) is not strictly the time it takes for a court to consider a TPO. The TPO may have been considered at the first court event, but granted at a later court event.

The average temporary DVO is processed in 4.9 days in 2020-21. The deviation between mean and median is due to a small number of temporary DVOs that take a longer, a much longer, time to process than the majority of applications.

Chart 11.5 Number of days to process a temporary DVO per year<sup>44</sup>



Source: Deloitte Access Economics analysis using data provided by DJAG

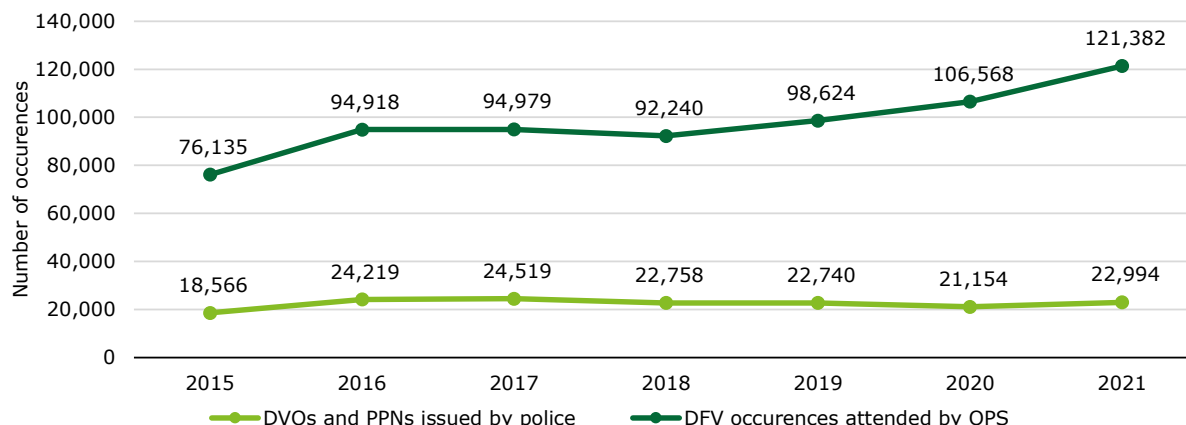
Notes: Data reported excludes TPOs made on PPNs

**11.2.2 Police response to domestic and family violence  
QPS is issuing DVO applications and Police Protection Notices (PPNs) at a declining rate.  
This may be due to changes to the duration of the DVO.**

The police service is usually the first interaction point that people impacted by DFV have with the justice system. They have an important role in ensuring that victim survivors feel safe and protected, and perpetrator behaviour is responded to appropriately. QPS data showed that they attended 121,382 DFV incidents in 2021, an increase of 14% over 2020 (Chart 11.6).

<sup>44</sup> The data reported excludes temporary protection orders made on PPNs.

Chart 11.6 Number of occurrences of DFV incidents that were attended by QPS and number of DVOs and PPNs issued, 2015 to 2021



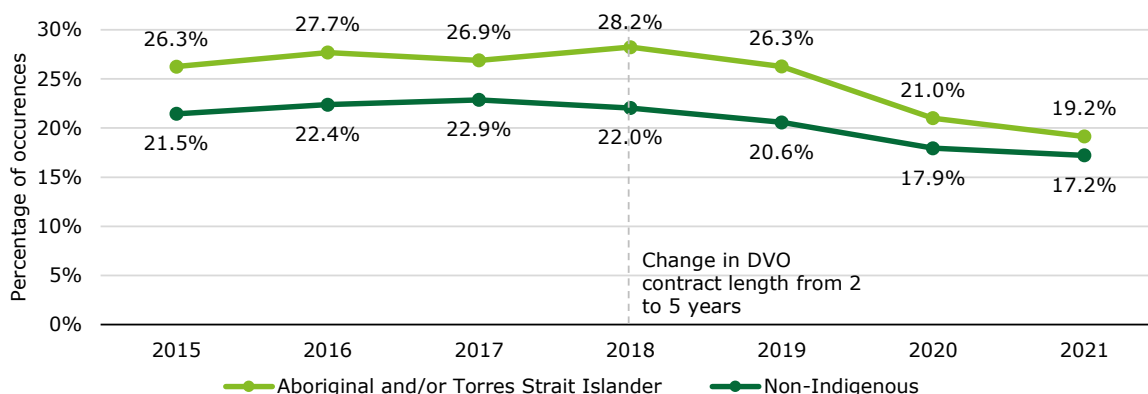
Source: Deloitte Access Economics analysis using QPS DFV-related matters data

Notes: DVOs and PPNs issued by police refer to DVOs and PPNs where police are the applicant.

An important element of policing is their ability to issue TPOs and PPNs to victim survivors. Over the period 2016 to 2021, police-issued DVOs and PPNs have largely remained constant at approximately 21,200 per annum. However, the QPS appears to be issuing less DVOs and PPNs per DFV incident they are attending. In 2015, prior to the commencement of The Strategy, the police service issued DVOs and PPNs on 26.3% and 21.5% of Aboriginal and Torres Strait Islander and non-Indigenous Australians incidence, respectively, of DFV attended by police. This declined to 19.2% and 17.2%, respectively, for incidence of DFV attended by police in 2021 (Chart 11.7).

The declining rate in which DVOs are lodged by police on behalf of victim survivors may be due to changes in DVO durations. Expiry dates of DVOs were extended from two to five years in November 2017, resulting in a reduced frequency in the need to reissue DVOs to victim survivors.

Chart 11.7 Percentage of DFV occurrences that resulted in police issuing a DVO or PPN



Source: Deloitte Access Economics analysis using QPS DFV-related matters data

Notes: DVOs and PPNs issued by police refer to DVOs and PPNs where police are the applicant.

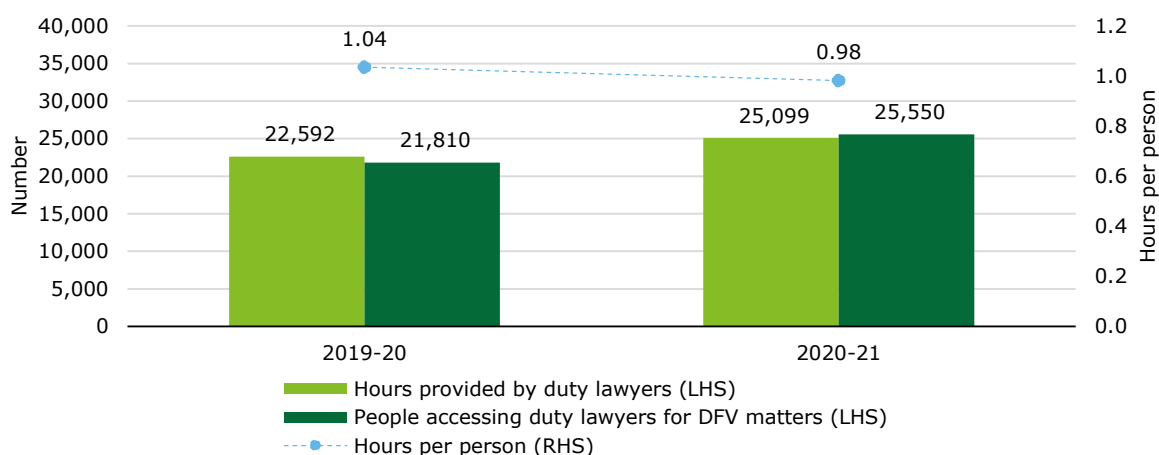
### 11.3 Justice system capacity

This section assesses the degree to which the justice system has increased capacity to provide comprehensive and integrated services that meet the needs of perpetrators, victim survivors and families.

**11.3.1 Access to specialist domestic and family violence-trained duty lawyers**  
**There is evidence that the capacity of the justice system to respond to DFV has continued to increase partly through an increase in the supply of DFV-trained duty lawyers.**

Over the period 2019-20 and 2020-21, approximately 136 duty lawyers participated in training on domestic and family violence and how to respond. During this period, the total hours that duty lawyers spent on domestic and family violence-related matters increased from 22,592 in 2019-20 to 25,099 in 2020-21 (Chart 11.8). The increase in capacity and supply of DFV-trained duty lawyers has led to improved access to specialist resources for both aggrieved and respondent parties. As discussed in Supporting Outcome 5 (see Chapter 9), the number of people accessing DFV duty lawyers has increased from 21,810 in 2019-20, to 25,550 in 2020-21, with each person spending approximately one hour, on average, with a duty lawyer.

Chart 11.8 Number of hours provided by duty lawyers on domestic and family violence matters



Source: Deloitte Access Economics analysis of data provided by DJAG

Note: Hours per person is calculated as the number of hours provided by duty lawyers on DFV matters by the number of people (both aggrieved and respondents) accessing DFV duty lawyers.

**11.3.2 Access to specialist domestic and family violence courts**  
**The proportion of DVO applications that are processed through a specialist court has remained stable over the period 2018-19 to 2020-21.**

Specialist domestic and family violence courts are magistrates courts that provide additional wrap around support services to parties appearing in relation to domestic violence matters and are generally supported by a pool of dedicated workers, and specialised processes and training. These courts support an improvement in the consistency in court responses to which domestic and family violence matters are processed in courts, and improvements in relation to the wraparound supports and protections available to both aggrieved and respondent parties before, during and after court proceedings.

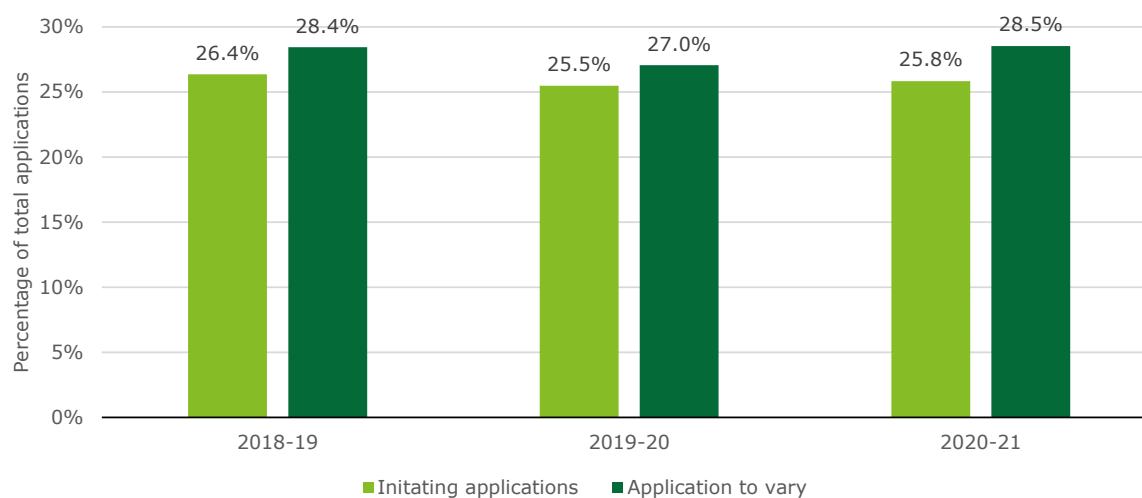
Currently, there are five DFV specialist courts throughout Queensland located in the following areas:

- Southport
- Beenleigh
- Townsville
- Mount Isa
- Palm Island

Currently, specialist domestic and family violence courts in Queensland account for approximately 25.8% of initiating DVO applications, and 28.5% of applications to vary across Queensland (Chart

11.9). The proportion of DVO applications dealt within a specialist domestic and family violence court setting has remained unchanged between 2018-19 and 2020-21.

Chart 11.9 Percentage of DVO applications dealt within a specialist domestic and family violence court setting



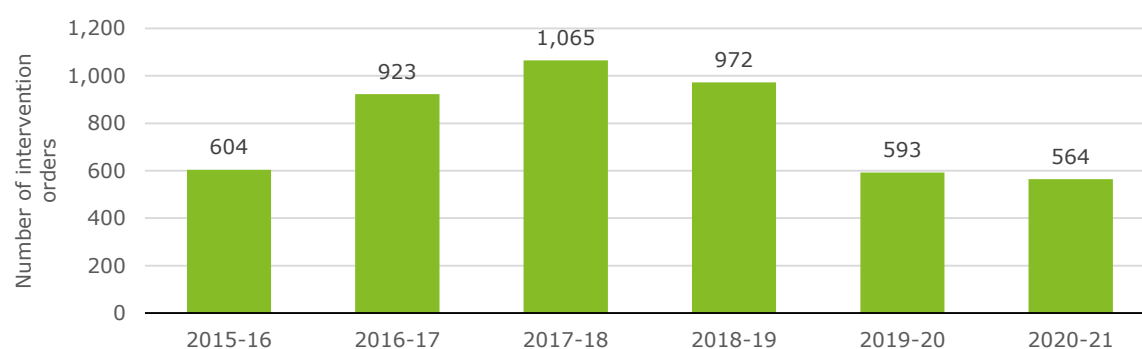
Source: Deloitte Access Economics analysis of data provided by DJAG

### 11.3.3 Intervention orders

**In recent years, the limited availability and accessibility of perpetrator behavioural change programs may have led to a decline in intervention orders issued by courts.**

One potential outcome for DFV perpetrators comes in the form of intervention orders – court mandated orders to enter programs or counselling to address their behaviour. As illustrated in Chart 11.10, the number of court-issued intervention orders was on an increasing trend between 2015-16 to 2017-18 before it recorded a 39% decline in 2019-20.

Chart 11.10 Number of intervention orders made per year



Source: Deloitte Access Economics analysis of data provided by DJAG

This evaluation finds that a significant driver of the decline in intervention orders issued is the supply and capacity of suitable behaviour change programs for perpetrators. The Women’s Safety and Justice Taskforce report (Volume 3) states that *‘increasing the availability and accessibility of perpetrator programs across the state will also support the use of existing mechanisms, including the ability for a court to make an intervention order when making a Domestic Violence Order under the DFVP Act’*.<sup>45</sup> This aligns with findings from stakeholder consultations on long waitlists to attend

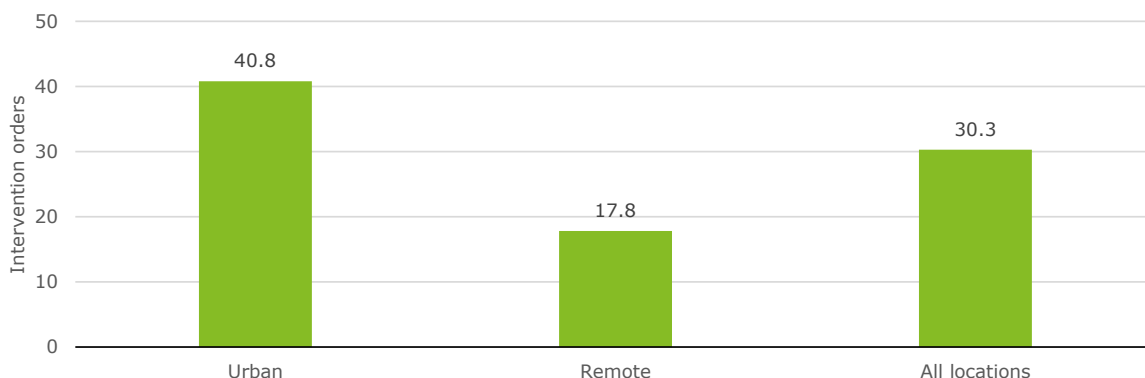
<sup>45</sup> Discussion Paper 3 - Women and girls’ experiences across the criminal justice system as victims-survivors of sexual violence and also as accused persons and offenders. Sourced from <https://www.womenstaskforce.qld.gov.au/publications>.

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behaviour change programs. In some instances, stakeholders reported that an intervention order for some respondents would expire while they are on the waitlist to attend a behaviour change program. This may have affected the courts’ willingness to issue intervention orders.

The distribution of intervention orders by region also highlights that there may be variations in the availability of behaviour change programs across the state (Chart 11.11). Overall, courts in urban areas are more than twice as likely as courts in remote areas to issue intervention orders (when considering the number of DVO applications in a region). This indicates that there is a greater supply of behaviour change programs in urban areas than in remote areas of Queensland.

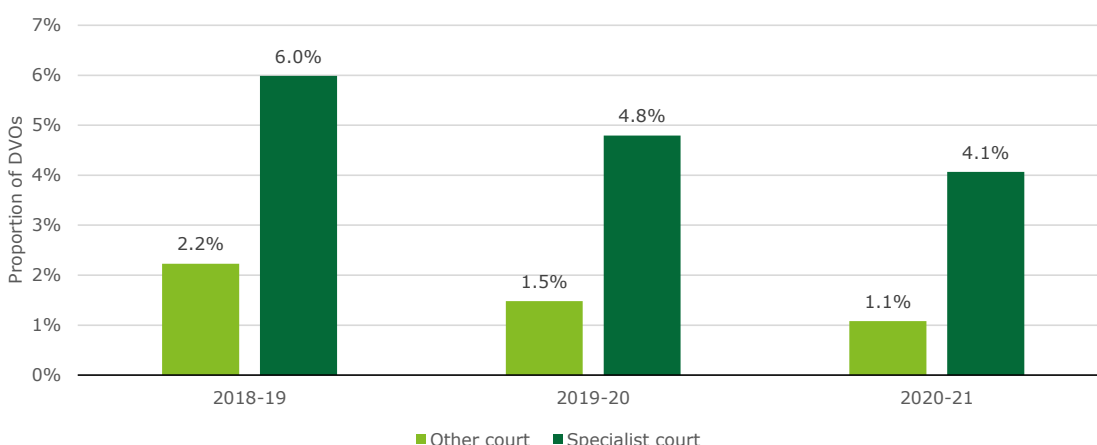
Chart 11.11 Intervention orders made per every 1,000 DVO applications, by location



Source: Deloitte Access Economics analysis of data provided by DJAG

Specialist courts are also much more likely to issue intervention orders than other courts (Chart 11.12). A comparison of the number of intervention orders across courts (considering the number of DVOs made at each court type) shows that **specialist domestic and family violence courts are approximately four times more likely to issue intervention orders than other courts.** This indicates that the specialist court model may operate with a stronger understanding across the court and relevant service providers of the benefits of intervention orders and availability of programs, as well as possibly stronger links of with behaviour change programs within the community.

Chart 11.12 Intervention orders made per every DVO application, by court type



Source: Deloitte Access Economics analysis of data provided by DJAG



# 12 Equity

*To what extent has progress been made to address equity priorities for diverse population groups who may be experiencing vulnerability?*

## **Key findings**

### **Aboriginal and Torres Strait Islander peoples**

Based on the Queensland Social Survey, there generally appears to be no statistically significant difference in the awareness and perceptions of DFV between Aboriginal and Torres Strait Islander peoples and other Queenslanders. However, consultations identified scope encourage bystander responses in remote Aboriginal and Torres Strait Islander communities that are more consistent with the aims of The Strategy.

Aboriginal and Torres Strait Islander peoples have improved access to longer-term housing supports since 2019. However, there are service gaps in remote Aboriginal and Torres Strait Islander communities, particularly with regards to access to longer-term housing supports, legal services, and culturally appropriate wraparound services.

There is also evidence to suggest that access to justice system supports has improved for Aboriginal and Torres Strait Islander peoples, including an improvement in the timeliness of access to temporary protection orders. However, there is still opportunity to reduce hesitancy among Aboriginal and Torres Strait Islander communities to access justice system supports, as well as to improve the supply of appropriate behaviour change programs in regions where there is a disproportionately higher number of perpetrators who are Aboriginal and Torres Strait Islander.

### **People from CALD backgrounds**

The Third Action Plan has implemented several actions aimed at improving access to CALD people. However, access to DFV support services remains lower for people from CALD populations than other Australians. Barriers, such as awareness and understanding of legal rights and the support system, language barriers, and socio-economic barriers remain an inhibitor to supporting people from diverse backgrounds to access supports.

### **People with disability**

People with disability tend to face slight delays in being allocated housing, specifically crisis accommodation. However, these delays have not materially impacted the proportion of applicants with completed referrals within 48 hours. Further, evidence suggests that there are opportunities to improve the DFV support sectors' awareness of how domestic and family violence impacted people with disability, as well as a need to build capability so that there are more appropriate services to support people with disability. Queensland's plan to respond to domestic and family violence against people with disability has laid a strong foundation for improvements in response to persons with disability experiencing DFV, but ongoing investment is required to see substantial changes.

## 12.1 Overview

As highlighted in the *Not Now, Not Ever* Report, there are several population groups that are at higher risk of domestic and family violence, and face additional barriers to receiving appropriate interventions and supports. This section presents findings on the degree to which the Third Action Plan has contributed to improving service access and responses for priority groups. Specifically, this section looks at the impact of the Third Action Plan on the following demographic cohorts:

- Aboriginal and Torres Strait Islander peoples
- People from CALD backgrounds
- People with disability

These population cohorts have been the focus of equity considerations within the Third Action Plan. However, it is important to note that there are many other population cohorts that face additional barriers to appropriate responses and supports to domestic and family violence, including:

- Young people
- Older people
- People living in rural and remote communities
- People who identify as LGBTIQ+

Where relevant, the experiences of these communities are discussed throughout the body of the report. However, the limited data available on these population cohorts has made it difficult to provide any substantive analysis on the equity impacts of The Strategy on these cohorts.

There are a number of **limitations** relating to this chapter's analysis that should be taken into consideration when reviewing these findings:

1. **QSS data:** In a secondary analysis of QSS data, the QGSO acknowledged that the QSS did not receive enough responses from the Aboriginal and Torres Strait Islander population in any given year to allow for robust testing of this population (only 3.7% of respondents identified as Indigenous across the five years of the QSS. This is lower than the proportion of Aboriginal and Torres Strait Islander peoples in Queensland of 10% as of 2016). This makes it difficult to compare across different cohorts, as well as to measure changes across time.
2. **Direct engagements with specific communities:** This Review engaged frontline workers who directly supported specific population cohorts that are the focus of this chapter. There was comparatively limited direct engagement with members of the specific cohorts.
3. **Broader data limitations:** There has been limited data collected on specific population cohorts, such as young people, elder people and those who identify as LGBTIQ+, which in terms limits the ability to comprehensively assess outcomes for these other population cohorts. For this reason, we only focused on the equity impacts of the Third Action Plan on Aboriginal and Torres Strait Islander peoples, people from CALD backgrounds and people with disability in this report.

## 12.2 Aboriginal and Torres Strait Islander peoples

Individuals who identify as Aboriginal and Torres Strait Islander are disproportionality impacted by domestic and family violence. Evidence suggests that Aboriginal and Torres Strait Islander peoples are more than twice (and by some estimates, up to 35 times) as likely than non-Indigenous Australians to experience domestic and family violence.<sup>46,47</sup>

Responding to DFV involving Aboriginal and Torres Strait Islander peoples is complex due to a multitude of reasons. Despite higher estimated prevalence of DFV in Aboriginal and Torres Strait Islander communities, it is estimated that up to 90% of DFV incidents against Aboriginal and Torres Strait Islander peoples go unreported.<sup>48</sup> Further, DFV victims require complex responses

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<sup>46</sup> ABS. 2019. National Aboriginal and Torres Strait Islander Social Survey, 2014-15.

<sup>47</sup> Department of Social Service; Australian Government. The National Plan to reduce Violence against Women and their Children 2010-2022.

<sup>48</sup> ANROWS. 2020. Improving family violence legal and support services for Aboriginal and Torres Strait Islander peoples: Key findings and future directions.

due to the intersectionality between Aboriginal and Torres Strait Islander communities, remoteness and low socio-economic status.

The Third Action Plan aimed to improve DFV responses to Aboriginal and Torres Strait Islander peoples, particularly as it relates to culturally appropriate responses. Actions delivered or on track to be delivered by July 2022 include:

- Strengthening culturally appropriate responses for Aboriginal and Torres Strait Islander peoples involved in domestic and family violence proceedings
- Continuing to work with Community Justice Groups to codesign and implement a domestic and family violence response for communities
- Implementing an initial tranche of actions under Queensland's Framework for Action to reshape approaches to Aboriginal and Torres Strait Islander domestic and family violence<sup>49</sup>
- Expanding the number of Senior Project Officers to work collaboratively alongside HRTs to provide culturally appropriate responses
- Reviewing and updating Domestic and Family Violence Toolkit of Resources for the health workforce to respond to health sector need, and to further promote safe and appropriate responses to Aboriginal and Torres Strait Islander people

This section reviews progress by the Third Action Plan in improving responses to Aboriginal and Torres Strait Islander peoples along the following areas:

- Community attitudes and behaviours (Supporting Outcome 1)
- Service system responses (Supporting Outcome 5)
- Justice system responses (Supporting Outcome 7).

### **12.2.1 Community attitudes and behaviours**

There appears to be no difference in the awareness and perceptions of domestic and family violence between Aboriginal and Torres Strait Islander peoples and other Queenslanders. However, this Review finds that improved data collection should be considered to better understand community perspectives of Aboriginal and Torres Strait Islander peoples toward domestic and family violence.

There is insufficient evidence to identify the degree to which Aboriginal and Torres Strait Islander bystanders take action against domestic and family violence. However, evidence from consultations finds that bystander responses in remote Aboriginal and Torres Strait Islander communities can improve. According to stakeholders' consultations, impacting responses from bystanders will require system-wide engagement, including building greater levels of community trust in justice system responses to perpetrators. Further details are discussed below.

#### **12.2.1.1 Awareness of domestic and family violence**

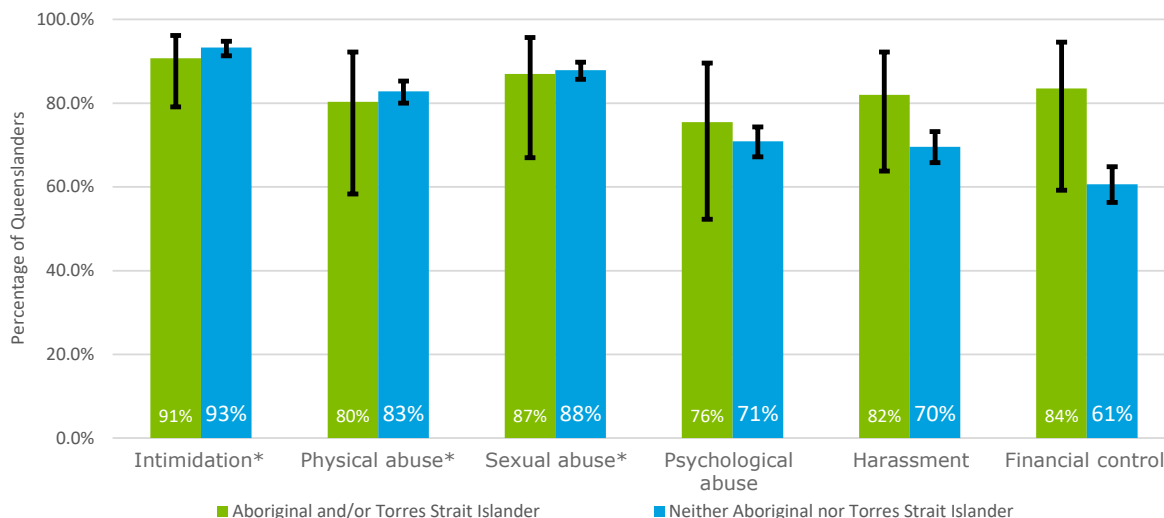
**Based on the QSS, there generally appears to be no difference in the awareness and perceptions of domestic and family violence between Aboriginal and Torres Strait Islander peoples and other Queenslanders.**

QSS results show that Aboriginal and Torres Strait Islander peoples have similar levels of awareness of the behaviours that constitute domestic and family violence such as intimidation, physical abuse, sexual abuse and other behaviours (Chart 12.1). Overall, between 76% and 91% of Aboriginal and Torres Strait Islander peoples perceive behaviours specified in the QSS as *always* domestic and family violence, compared to between 61% and 93% of other Queenslanders. In fact, a higher proportion of Aboriginal and Torres Strait Islander survey respondents consider financial control to always be a form of DFV compared to the rest of the population suggesting that there is greater awareness among the Aboriginal and Torres Strait Islander cohort that financial control is a form of DFV.

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<sup>49</sup> According to DJAG, it is likely that there will be further work occurring under the Framework for Action beyond June 2022, as not all actions in the initial action plan will be delivered by June 2022.

Chart 12.1 Percentage of Queenslanders that believe actions are *always* considered domestic and family violence, by Aboriginal and Torres Strait Islander status

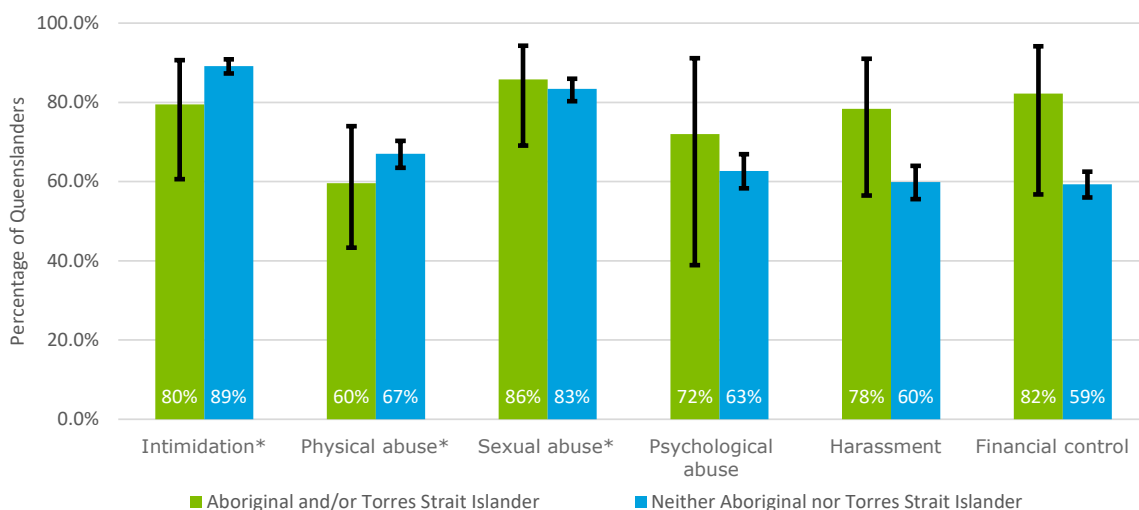


Source: Deloitte Access Economics using QSS.

Notes: Results are for most recent QSS results. Most recent results are from 2021 for all categories except for those with a \*. \*Most recent results for these variables was 2019 as they were not asked in 2020 or 2021. Error bars are confidence intervals at 5% significance level.

QSS results also show that Aboriginal and Torres Strait Islander peoples have similar levels of awareness of the seriousness of behaviours that constitute DFV (Chart 12.2). Overall, between 60% and 86% of Aboriginal and/or Torres Strait Islander survey respondents perceive behaviours specified in the QSS as *very serious*, compared to between 59% and 89% of other Queenslanders.

Chart 12.2 Percentage of Queenslanders that believe actions are *very serious*, by Aboriginal and Torres Strait Islander status



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Source: Deloitte Access Economics using QSS.

Notes: Results are for most recent QSS results. Most recent results are from 2021 for all categories except for those with a \*. \*Most recent results for these variables was 2019 as they were not asked in 2020 or 2021. Error bars are confidence intervals at 5% significance level.

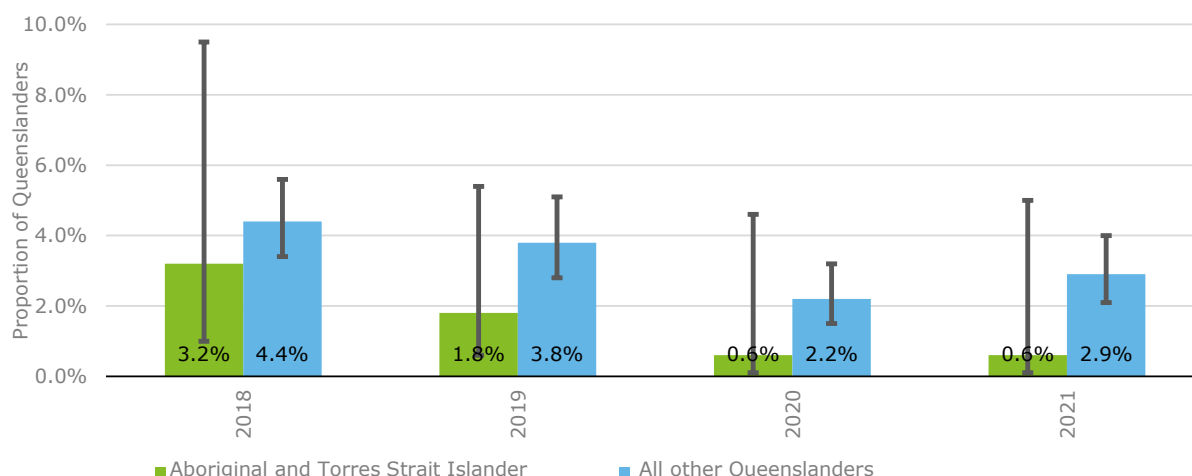
A secondary data analysis conducted by QGSO on QSS data identified scope to improve Aboriginal and Torres Strait Islander peoples' awareness on the seriousness of some specific behaviours as DFV. For example, survey respondents who identify as Aboriginal and Torres Strait Islander peoples are less likely than other Queenslanders to say that slapping / pushing partner or threatening to hurt other family members was serious.

### 12.2.1.2 Bystander responses

#### **There is scope for bystander responses to domestic and family violence in Aboriginal and Torres Strait Islander communities to improve, particularly in remote communities.**

QSS data on observed bystander behaviour shows limited differences in bystander responses among Aboriginal and Torres Strait Islander peoples compared to other Queenslanders. There appears to be no significant statistical differences in the willingness of bystanders to respond to domestic and family violence (Chart 12.3). This is possibly due to a smaller sample size within the QSS making it difficult to compare across different cohorts, as well as bystander behaviours in remote Aboriginal and Torres Strait Islander communities.

Chart 12.3 Percentage of Queenslanders that would *do nothing* if they became aware of physical domestic and family violence involving a neighbour, by Aboriginal and Torres Strait Islander status



Source: Deloitte Access Economics using QSS.

Notes: Results are for most recent QSS results. Most recent results are from 2021 for all categories except for those with a \*. \*Most recent results for these variables was 2019 as they were not asked in 2020 or 2021. Error bars are confidence intervals at 5% significance level.

However, evidence from consultations with Aboriginal and Torres Strait Islander service providers identified that there are opportunities to encourage bystander responses in Aboriginal and Torres Strait Islander communities, particularly across remote communities. This Review heard that bystanders can sometimes have a negative impact on victim survivors in Aboriginal and Torres Strait Islander communities. Consultations with service providers revealed that victim survivors were sometimes discouraged from seeking support for domestic and family violence by friends and family due to the importance of maintaining family structures in Aboriginal and/or Torres Strait Islander culture. This is sometimes exacerbated in remote communities when a victim has relocated from their own community to live in their partner's community. Bystanders often know the perpetrator, or are family or friends with members of the perpetrator's family, and are less likely to intervene in incidents of domestic and family violence. Further, there is evidence that

victim survivors are sometimes less likely to seek support from services due to the fear of support workers informing the perpetrator of this, due to the close connections between Aboriginal and / or Torres Strait Islander families within remote communities.

Service providers identified that there is no simple solution to improving bystander responses in some remote Indigenous communities. Solutions require system-wide action, including changing attitudes to increase reporting domestic and family violence when involving a family member, ensuring that frontline workers develop trusted relationships with the community, increased community-led actions (such as those delivered by Aboriginal Community Controlled Organisations or initiatives that work in partnership with Elders) and improving trust in the legal system responses to perpetrators. An example in this area is the recent recruitment of specialist DFV workers as part of Family Wellbeing Services in selected locations, which has been commended as it has improved the ease of Aboriginal and Torres Strait Islander peoples accessing appropriate supports (see Appendix H).

### 12.2.2 Service responses

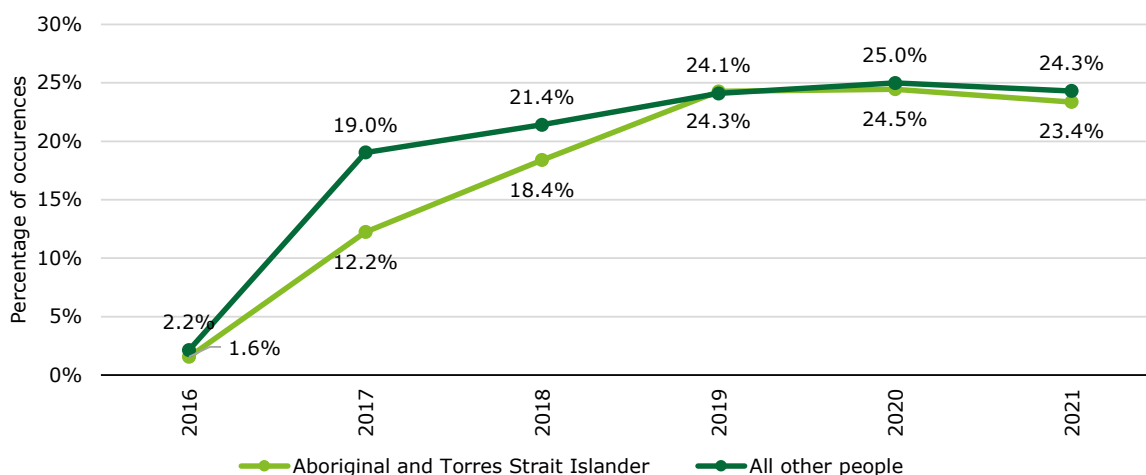
This Review finds evidence that Aboriginal and Torres Strait Islander peoples’ access to longer-term housing supports has improved since 2019. However, there are service gaps in remote communities (particularly remote Aboriginal and Torres Strait Islander communities), with regards to access to longer-term housing supports, legal services and culturally appropriate wraparound services.

#### 12.2.2.1 Access to crisis supports

##### **QPS has increased the degree to which they refer Aboriginal and Torres Strait Islander peoples to DFV supports.**

The number of referrals to support services provided by QPS to Aboriginal and Torres Strait Islander peoples has been growing over time. Indeed, the gap in the referral rate for Aboriginal and Torres Strait Islander people and non-Indigenous people has closed since 2019 (Chart 12.4).

Chart 12.4 Proportion of domestic and family violence occurrences that resulted in a referral



Source: Deloitte Access Economics analysis using QPS DFV related matters data

#### 12.2.2.2 Access to services to escape domestic and family violence

##### **At a high level, access to longer-term housing solutions to escape domestic and family violence for Aboriginal and Torres Strait Islander peoples has improved. However, those who are based in remote areas have lower access to longer-term housing supports.**

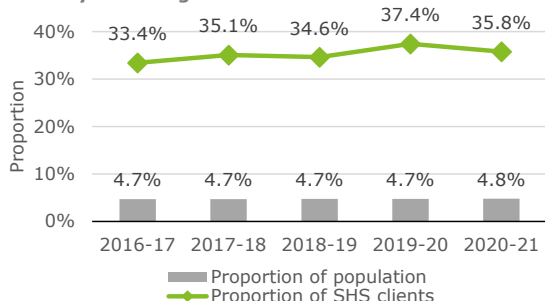
Access to housing supports is an important channel to support people to escape domestic and family violence. This is particularly relevant for Aboriginal and Torres Strait Islander peoples due to the intersection between Aboriginal and Torres Strait Islander peoples, low-income households and higher DFV prevalence.

Evidence from DFV housing supports data shows that Aboriginal and Torres Strait Islander peoples are overrepresented in these services, aligning to the evidence of a higher need for these services in this cohort (Chart 12.5). Aboriginal and Torres Strait Islander peoples account for approximately 4.7% of the Queensland population. However, Aboriginal and Torres Strait Islander peoples account for between 15% and 50% of recipients of housing supports due to domestic and family violence.

Demand has specifically been growing for longer-term housing support, such as Government-run rental housing applications, and private rental assistance, such as bond loans and rental grants over the implementation of the Third Action Plan (Chart 12.5:Charts B, C, D and E). This may be evidence that actions in the Third Action Plan targeting improvements in the timeliness and appropriateness of housing solutions for people facing domestic and family violence (particularly vulnerable cohorts, such as Aboriginal and Torres Strait Islander peoples) is resulting in improved access to longer-term, stable housing solutions for Aboriginal and Torres Strait Islander peoples.

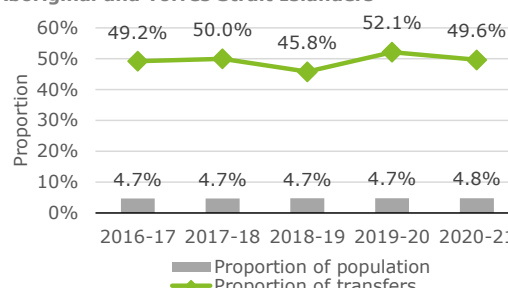
Chart 12.5 Service access for housing supports by Aboriginal and Torres Strait Islander peoples

**Chart A: The proportion of homelessness service (SHS) clients with DFV as a reason for seeking assistance that identify as Aboriginal and Torres Strait Islanders**



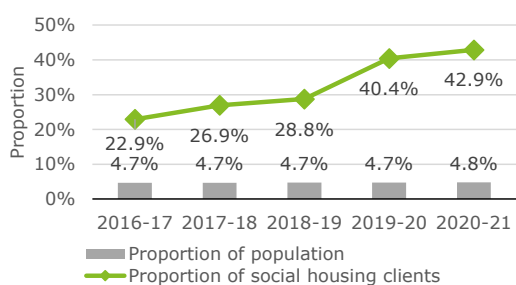
Source: Deloitte Access Economics analysis using SHS data and Queensland Government population statistics

**Chart B: Proportion of transfers from social housing to other government owned and managed social rental housing due to DFV for people who identify as Aboriginal and Torres Strait Islanders**



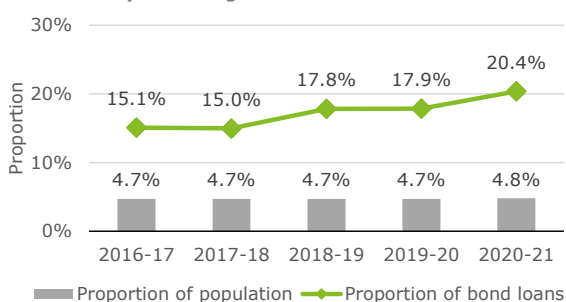
Source: Deloitte Access Economics analysis using Housing transfer data and Queensland Government population statistics

**Chart C: Proportion of social rental housing applications who have a verified DFV code on their housing needs assessment that identify as Aboriginal and Torres Strait Islanders**



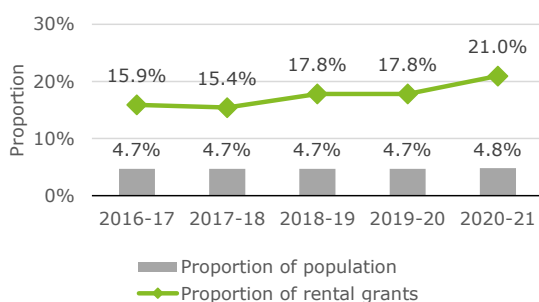
Source: Deloitte Access Economics analysis using Housing Registry data and Queensland Government population statistics

**Chart D: Proportion of bond loans recipients by people who identify as Aboriginal and Torres Strait Islanders**



Source: Deloitte Access Economics analysis using bond loans data and Queensland Government population statistics

**Chart E: Proportion of rental grants recipients by for people who identify as Aboriginal and Torres Strait Islanders**



Source: Deloitte Access Economics analysis using rental grants data and Queensland Government population statistics

Source: Deloitte Access Economics using housing data provided by DCHDE.

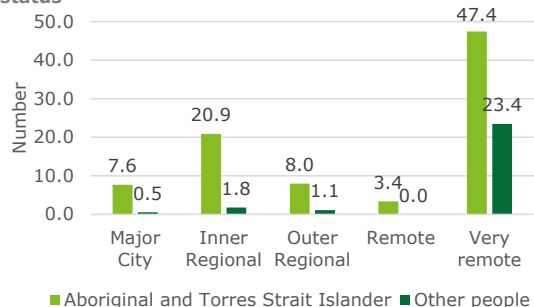
However, there appears to be a service gap for access to longer-term housing supports for Aboriginal and/or Torres Strait Islander people living in remote communities in comparison to urban areas (Chart 12.6). Specifically, Aboriginal and/or Torres Strait Islander people in remote communities are far more likely to engage with crisis supports (specialist homelessness supports) than longer-term supports, such as social housing, rental grants and bond loans.

This finding may be due to several different reasons. First, evidence from consultations with service providers identified that there are lower levels of wraparound supports available in remote communities, which may result in incidents that require emergency responses such as crisis accommodations (discussed further in section 9). Second, there may be lower levels of housing supply in remote communities to support access to alternative, stable housing to escape domestic and family violence. The themes of overcrowding and a general lack of suitable homes for Aboriginal and Torres Strait Islander perpetrators are highlighted in a recent case study on frontline services for an Aboriginal and Torres Strait Islander in Mossman (see Appendix K). Finally, Aboriginal and Torres Strait Islander peoples exhibit greater apprehension in accessing services due to a multitude of reasons, including trust in services, fear of community perspectives and fear of losing children when they report a DFV incident.



Chart 12.6 Service access for housing supports by Aboriginal and/or Torres Strait Islander people, by region

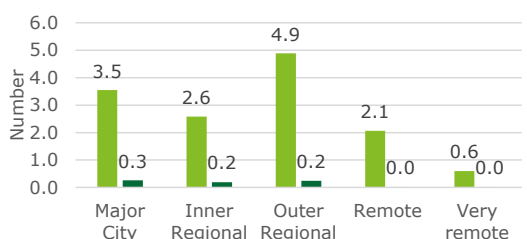
**Chart A: Number of SHS clients with DFV as a reason for seeking assistance per 1,000 residents, by Indigenous status**



Legend: ■ Aboriginal and Torres Strait Islander ■ Other people

Source: Deloitte Access Economics analysis using SHS data and ABS Census 2016

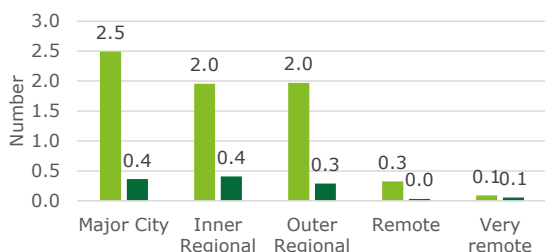
**Chart C: Number of social rental housing applications who have a verified DFV code on their housing needs assessment per 1,000 residents, by Indigenous status**



Legend: ■ Aboriginal and Torres Strait Islander ■ Other people

Source: Deloitte Access Economics analysis using Housing Registry data and ABS Census 2016

**Chart E: Number of rental grants recipients by per 1,000 residents, by Indigenous status**



Legend: ■ Aboriginal and Torres Strait Islander ■ Other people

Source: Deloitte Access Economics analysis using rental grants data and Queensland Government population statistics

Source: Deloitte Access Economics using housing data provided by DCHDE.

Notes: Data is average rate over period 2015-16 to 2020-21.

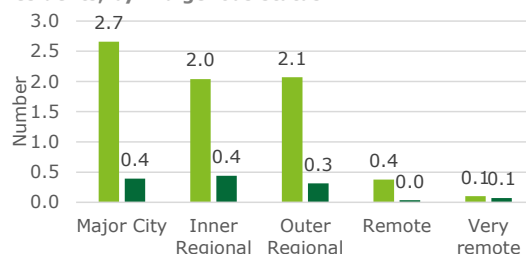
**Chart B: Number of transfers from social housing to other government owned and managed social rental housing due to DFV per 1,000 residents, by Indigenous status**



Legend: ■ Aboriginal and Torres Strait Islander ■ Other people

Source: Deloitte Access Economics analysis using Housing transfer data and ABS Census 2016

**Chart D: Number of bond loans recipients per 1,000 residents, by Indigenous status**



Legend: ■ Aboriginal and Torres Strait Islander ■ Other people

Source: Deloitte Access Economics analysis using bond loans data and Queensland Government population statistics

### 12.2.2.3 Access to other victim/survivor support services

#### There is a strong need for more wraparound and culturally appropriate service responses for Aboriginal and Torres Strait Islander communities.

Consultations with service providers identified that there is still a need to improve culturally appropriate wraparound service responses in remote communities. Specifically, consultations with service providers identified the following:

- **There are insufficient community-led services.** Service providers observed that Aboriginal and Torres Strait Islander peoples have limited direct access to specialised supports, such as

legal supports in remote communities. Limited access to Internet and service apprehension can limit the degree to which services are sought out and accessed by Aboriginal and Torres Strait Islander peoples if they are not otherwise directly accessible in the community. Further, greater access to legal supports can reduce service access apprehension by reducing fears of consequences for engaging in legal supports, such as the fear of losing their children to child protective services. Stakeholders also highlighted the need for frontline services to undertake community outreach initiatives to develop trusted relationships with the communities they are serving. Greater representation of Aboriginal and Torres Strait Islander peoples in the delivery of frontline services may also help to break down long-standing barriers of mistrust of frontline services.

- **Services need to connect clients to wraparound supports.** Aboriginal and Torres Strait Islander peoples often have a multitude of issues when seeking support to escape domestic and family violence. This includes trauma, housing supports, income supports and transport supports. Consultations identified the need for supports to be inter-linked, whether that is through service colocation, improve cointegration of services, or other means, to ensure that Aboriginal and/or Torres Strait Islander people can timely access supports to meet their needs.
- **The absence of culturally appropriate supports.** Each remote Aboriginal and/or Torres Strait community is unique and has unique needs to support people to escape from domestic and family violence. Consultations with service providers identified that more effort needs to be made towards codesigning localised service responses in collaboration with community leaders and Aboriginal and/or Torres Strait Islander service providers.

### 12.2.3 Justice system responses

This Review finds evidence that while timeliness of access to TPOs has increased for Aboriginal and Torres Strait Islander peoples, there is still opportunities to reduce hesitancy in Aboriginal and/or Torres Strait Islander communities to access justice system supports, as well as to improve the supply of intervention orders through improved access to appropriate behaviour change programs to regions where Aboriginal and Torres Strait Islander peoples live.

#### 12.2.3.1 Domestic and family violence protection orders

**Aboriginal and Torres Strait Islander peoples have more timely access to DVOs. However, there is evidence that Aboriginal and Torres Strait Islander peoples are hesitant to access justice system supports due to a lack of trust and knowledge of the system.**

Access to protection orders is an important component of supporting victim survivors to feel safe and receive the appropriate protection from further harm. Evidence from the period 2018-19 to 2020-21 shows that the proportion of Aboriginal and Torres Strait Islander peoples accessing protection orders has remained constant over time (Chart 12.7; Chart A and C). There is no clear evidence of whether this level of access to protection orders is sufficient to meet the need for Aboriginal and Torres Strait Islander peoples. It is possible that this service usage level is low, given the evidence of service apprehension in Aboriginal and Torres Strait Islander communities, particularly with regards to interactions with the justice system.<sup>50</sup>

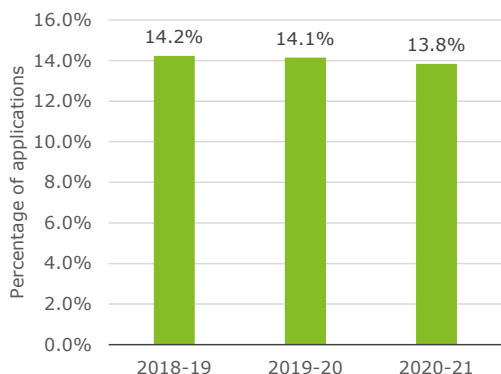
Further, the timeliness in which Aboriginal and Torres Strait Islander peoples access TPOs has improved since 2018-19, relative to other Queenslanders. As shown in Chart 12.7(Chart B), the average time from application to approval for a TPO for Aboriginal and/or Torres Strait Islander people has declined from 6.6 days in 2018-19 to 5.3 days in 2020-21. While this change is not statistically significant, the gap between timeliness of approval for Aboriginal and/or Torres Strait Islander people and non-Indigenous people has declined (statistically significant) over the period 2018-19 to 2020-21.

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<sup>50</sup> As mentioned in Supporting Outcome 5, there are two types of DVOs; 1) Protection orders, which are DVOs made by a magistrate in court to protect people in domestic and family violence situations; 2) Temporary protection orders, which are similar to a protection order, but for a shorter period of time to protect those in danger until the date a magistrate can decide the application for the full protection order. Temporary protection orders are generally issued for people who are considered at 'high risk' of additional abuse.

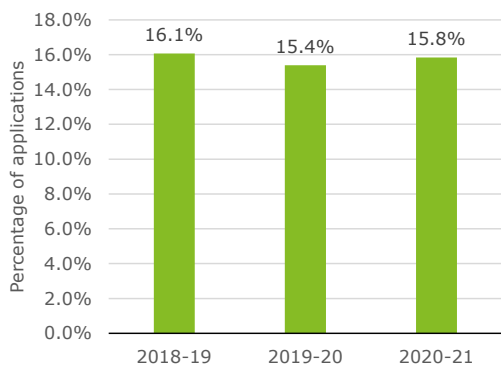
Chart 12.7 Applications for protection orders by Aboriginal and/or Torres Strait Islander people

**Chart A: Proportion of temporary protection orders made for people who identify as Aboriginal and Torres Strait Islander**



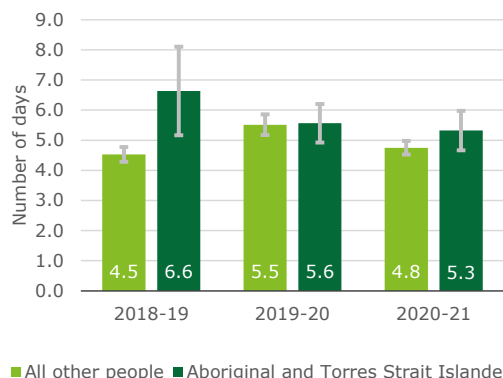
Source: Deloitte Access Economics analysis using courts data provided by DJAG

**Chart C: Proportion of protection order applications for people who identify as Aboriginal and Torres Strait Islander**



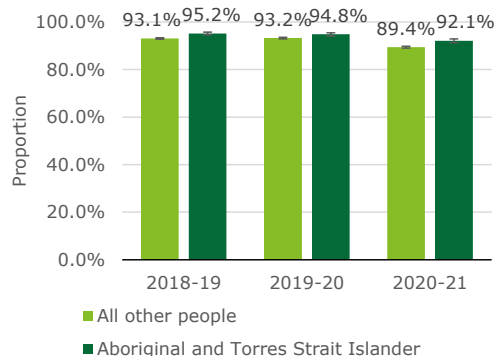
Source: Deloitte Access Economics analysis using courts data provided by DJAG

**Chart B: Mean number of days of processing temporary protection orders, by Indigenous status**



Source: Deloitte Access Economics analysis using courts data provided by DJAG

**Chart D: Percentage of protection orders that are finalised within 6 months of being lodged, by Indigenous status**



Source: Deloitte Access Economics analysis using courts data provided by DJAG

Source: Deloitte Access Economics using courts data provided by DJAG.

### 12.2.3.2 Intervention orders

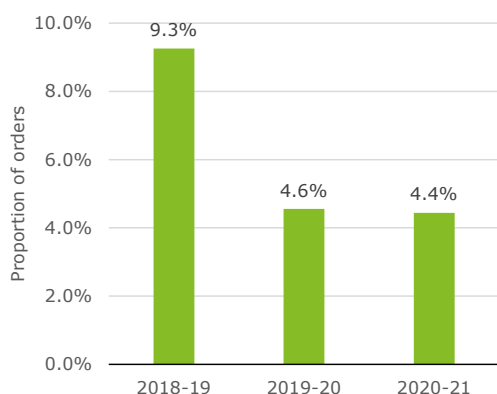
**There is a need for an increase in access to behaviour change programs throughout Queensland, particularly in remote communities where a significant proportion of Aboriginal and Torres Strait Islander peoples live.**

Intervention orders are court mandated orders for perpetrators to enter programs or counselling to address their behaviour. The proportion of Aboriginal and Torres Strait Islander peoples receiving intervention orders has declined as total percentage of intervention orders made. This decline correlates with a total decline in intervention orders made over the period 2018-19 to 2020-21 (Chart 12.8; Chart A). Based on stakeholder consultations, a potential driver of this decline in intervention orders is the availability of, and access to, sufficient behaviour change programs throughout Queensland.

As a proportion of DVOs made, Aboriginal and Torres Strait Islander peoples are less likely to receive an intervention order (Chart 12.8; Chart B). Further, there is a significant gap between intervention orders made per 1,000 DVOs in remote areas, than in urban area, which may be contributing to lower intervention orders to Aboriginal and Torres Strait Islander peoples. This potentially suggests that there is even lower access to behaviour change programs in areas where Aboriginal and Torres Strait people are located, and particularly in remote communities. This was corroborated by consultations with Indigenous service providers that work in remote communities across Queensland.

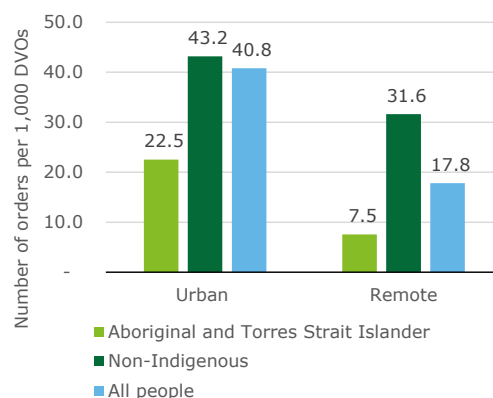
Chart 12.8 Intervention orders by Aboriginal and/or Torres Strait Islander people

**Chart A: Proportion of intervention orders for people who identify as Aboriginal and Torres Strait Islander**



Source: Deloitte Access Economics analysis using courts data provided by DJAG

**Chart B: Number of intervention orders per 1,000 DVOs made, by Indigenous status and regional location**



Source: Deloitte Access Economics analysis using courts data provided by DJAG

Source: Deloitte Access Economics using courts data provided by DJAG.

### 12.3 CALD populations

People from CALD backgrounds are considered an at-risk cohort with regards to domestic and family violence. While there is little evidence on the true prevalence of domestic and family violence in CALD communities, research noted that they may face significant barriers in accessing support services due to a lack of support networks, language barriers, a lack of understanding and knowledge to navigate Australian laws and support services and broader socio-economic disadvantage.<sup>51</sup>

The Third Action Plan aimed to improve domestic and family violence responses to CALD people through improved capability in services to recognise, understand and respond to people from diverse backgrounds. Actions delivered, or on-track to be delivered by July 2022, are as follows:

- Strengthening responses to address the impact of domestic and family violence on Queenslanders from CALD backgrounds, including through embedding culturally appropriate practices in the sector, employing people from CALD backgrounds and strengthening information and referral pathways.
- Implementing an enhanced housing response for CALD individuals experiencing domestic and family violence, through bespoke DFV training to all frontline staff to embed understanding of DFV, with a focus on people from CALD backgrounds.

This section reviews progress by the Third Action Plan in improving responses to CALD people along the following areas:

- Community attitudes and behaviours (Supporting Outcome 1)
- Service system responses (Supporting Outcome 5)

#### 12.3.1 Community attitudes and behaviours

**People from CALD backgrounds are less likely than the rest of the population to think that certain behaviours were forms of domestic and family violence or that they were serious.**

An analysis by QGSO on QSS 2017-2021 data found that people from CALD backgrounds are less likely than other people to say that:

- Slapping or pushing the other partner constituted DFV
- Forcing a partner to have sex constituted DFV
- Threatening to hurt other family members constituted DFV
- Repeatedly criticising the other partner to make them feel useless was a form of DFV

<sup>51</sup> Australian Parliament House. (2015). Prevalence of domestic and family violence.

- Denying the other partner access to money constituted DFV
- Harassing the other partner via repeated phone or electronic means constituted DFV

In terms of perceived seriousness of DFV, people from CALD backgrounds are also less likely than other people to say the above DFV behaviours were considered to be very or quite serious.

These initial findings suggest scope for more efforts, including targeted communication and education campaigns, to improve the level of understanding on what constitutes DFV and the seriousness of these actions. Stakeholders indicated that direct engagement with the different communities with the CALD category would enable the development of targeted resources to address this gap in identification of DFV behaviours. An example is illustrated in the WorkUP case study (see Appendix J).

**People from CALD backgrounds were also less likely to have seen or become aware of domestic and family violence.**

QGSO's analysis of QSS survey found people who were born overseas were less likely than people born in Australia to have seen or been aware of DFV involving family members, close friends and people they did not know. It is unclear if this is attributable with lower DFV prevalence, or if this reflects gaps in understanding and awareness of what constitutes DFV.

ANROWS' national survey findings found that people from CALD backgrounds (particularly men) were more likely to have a lower level of understanding of violence against women and have lower levels of support for gender equality.<sup>52</sup> These findings should be further explored within the Queensland context to inform future policy decisions for this cohort.

### **12.3.2 Service responses**

This Review finds that access to domestic and family violence support services remains lower for people from CALD populations compared to other Australians. Barriers, such as awareness and understanding of legal rights and the support system, language barriers and socio-economic barriers, continue to inhibit access to supports.

**There is an opportunity to improve access to support services, particularly housing supports for people from CALD backgrounds to escape domestic and family violence.**

Overall, people from linguistically diverse backgrounds are less likely to access accommodation services to escape domestic and family violence. Evidence from analysis of housing supports data shows that, as a proportion of the estimated population, people from linguistically diverse backgrounds are underrepresented in both emergency housing supports (Chart 12.9; Chart A) and longer term, stable housing solutions (Chart 12.9; Chart B and Chart C).

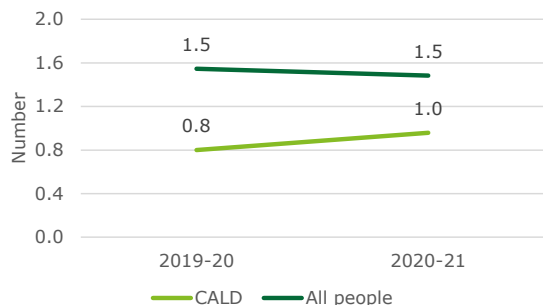
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<sup>52</sup> ANROWS. 2017. Attitudes towards violence against women and gender equality among people from non-English speaking countries. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS).

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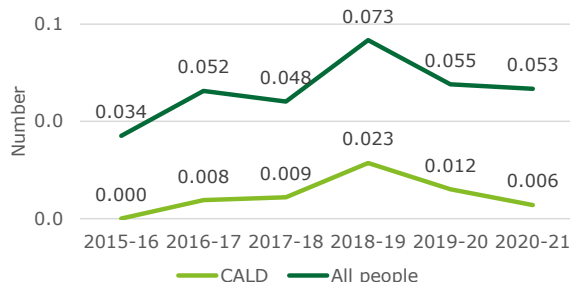
Chart 12.9 Service access for housing supports by people from linguistically diverse backgrounds

**Chart A: Number of SHS clients with DFV as a reason for seeking assistance per 1,000 residents, by CALD status**



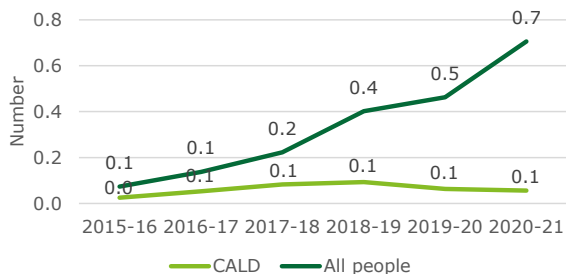
Source: Deloitte Access Economics analysis using SHS data and ABS Census 2016

**Chart B: Number of transfers from social housing to other government owned and managed social rental housing due to DFV per 1,000 residents, by CALD status**



Source: Deloitte Access Economics analysis using Housing transfer data and ABS Census 2016

**Chart C: Number of social rental housing applications who have a verified DFV code on their housing needs assessment per 1,000 residents, by CALD status**



Source: Deloitte Access Economics analysis using Housing Registry data and ABS Census 2016

Source: Deloitte Access Economics using housing data provided by DCHDE.

Notes: Linguistically diverse people are identified as people who speak a language other than English, and so not identify as Aboriginal and Torres Strait Islander.

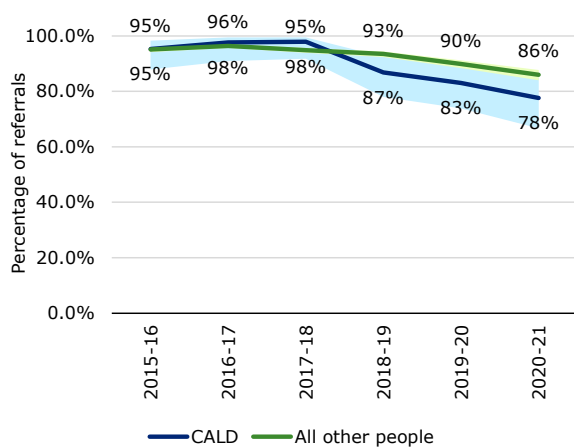
Analysis of housing supports data also suggests that allocation times to crisis accommodation to escape domestic and family violence for people from CALD backgrounds has been decreasing at a faster rate than other Queenslanders (Chart 12.10; Chart A). Specifically, the proportion of people from CALD backgrounds who were allocated crisis accommodation within 48 hours since referral has declined from 98% in 2017-18 to 78% in 2020-21, compared to 86% for other Queenslanders in 2020-21 (a statistically significant difference in 2020-21)<sup>53</sup>.

<sup>53</sup> Referrals to government funded crisis accommodation due to escaping DFV data is sourced from the QHIP. This data is an administrative system solely, developed and implemented to facilitate referrals for crisis accommodation and was not designed as a data capture, monitoring, or reporting system. Therefore, analysis and findings using this data source should be treated with caution and as indicative only.

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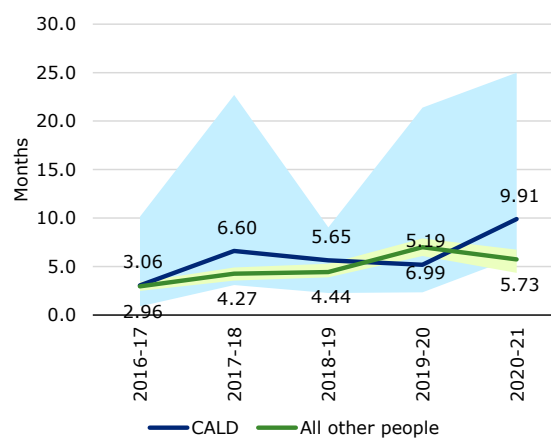
Chart 12.10 Indicators of timely allocation of housing to escape domestic and family violence for people from linguistically diverse backgrounds

**Chart A: Proportion of DFV referrals to crisis accommodation completed within 48 hours**



Source: Deloitte Access Economics analysis using QHIP referral data and Queensland Government population statistics

**Chart B: Median allocation time for transfers from social housing to other government owned and managed social rental housing due to DFV**



Source: Deloitte Access Economics analysis using Housing transfer data and Queensland Government population statistics

Source: Deloitte Access Economics using housing data provided by DCHDE.

Notes: Linguistically diverse people are identified as people who speak a language other than English, and do not identify as Aboriginal and/or Torres Strait Islander. Shading represents confidence 95% intervals. Social rental housing refers to programs that include Public Rental Housing, the Aboriginal and Torres Strait Islander Social Housing Rental Program, Community Rent Scheme, Same House Different Landlord, Long Term Community Housing Program, Community-managed Housing-Studio Units, Affordable Housing Program and Supportive Housing. Transfers refer to movements of social housing tenants between and within community and public housing based on assessed need.

Evidence from consultations and Australian literature highlights that lower access of domestic and family violence support services of people from CALD backgrounds across all types of support services, including legal and justice supports.<sup>54</sup> Reasons for lower engagement in support services include:

- Awareness of supports available to them and how to access and navigate supports
- Access to interpreters and resources in their own language
- Awareness of their legal rights, particularly in situations where partners threaten them with deportation if they seek help
- Financial barriers, particularly for victim/survivors that are unemployed with low English competency

## 12.4 People with disability

People with disability are considered at *risk* of the impacts of domestic and family violence for several reasons - limited social support networks (and social isolation), discrimination and stigmatisation, and physical and intellectual barriers associated with their impairment. Further, evidence suggests that people with disability are 2.6 times more likely to have experienced

<sup>54</sup> Lu, M., Mangahas, X., Nimmo, J. (2020). Domestic and Family Violence in CALD communities.

physical and/or sexual violence from a partner in the previous 12 months compared to other Australians.<sup>55</sup>

The Third Action Plan aims to improve domestic and family violence responses to people with disability through improved capability in services to recognise, understand and respond to people with disability. Actions delivered, or on track to be delivered by July 2022, are as follows:

- Implementing an enhanced housing response for individuals experiencing domestic and family violence, which is person-centred and responsive to housing and support needs through coordinated referrals, assistance and services. This will include a program of bespoke domestic and family violence training that will be delivered to all frontline staff to embed understanding of DFV, with a focus on priority groups such as women and/or their children with disability.
- Implementing Queensland’s plan to respond to the impact of domestic and family violence on people with disability.
- A collaborative review and update of the Domestic and Family Violence Toolkit of Resources for the health workforce to respond to health sector need, and to further promote safe and appropriate responses to perpetrators and people with disability.

This section reviews progress by the Third Action Plan in improving responses to people with disability.

### 12.4.1 Service responses

People with disability tend to face slight delays in being allocated housing, specifically crisis accommodation. However, these delays have not materially impacted the proportion of people with completed referrals within 48 hours. There is a need for frontline service providers to be more aware of the higher prevalence of DFV among people with disability, as well as the types of appropriate and targeted services that meet the needs of people with disability.

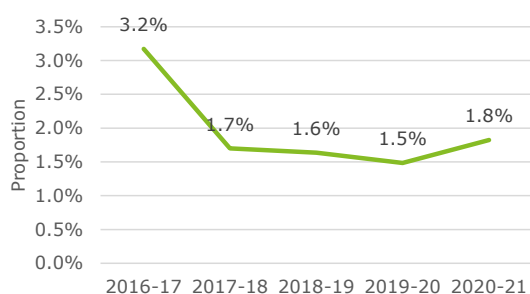
#### 12.4.1.1 Access to services to escape domestic and family violence

##### **People with disability are less likely to access crisis accommodation than longer-term housing supports.**

Evidence from analysis of housing supports data shows that people with disability are less likely to access crisis accommodation, such as homelessness services, and more likely to access longer-term supports, such as rental housing (Chart 12.11).

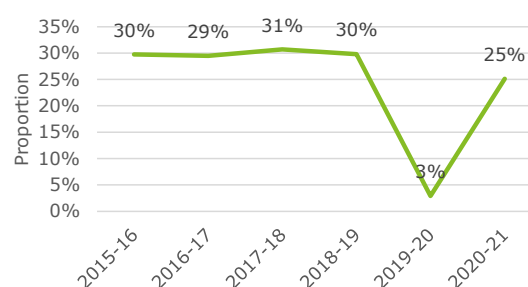
Chart 12.11 Service access for housing supports by people from linguistically diverse backgrounds

**Chart A: Proportion of homelessness services clients with DFV as a reason for seeking assistance that have disability**



Source: Deloitte Access Economics analysis using SHS data and ABS Census 2016

**Chart B: Proportion of social rental housing applications who have a verified DFV code on their housing needs assessment who have disability**



Source: Deloitte Access Economics analysis using Housing Registry data and ABS Census 2016

<sup>55</sup> Commonwealth Government, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Research Report – Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia* (16 March 2021), <<https://disability.royalcommission.gov.au/publications/research-report-nature-and-extent-violence-abuse-neglect-and-exploitation-against-people-disability-australia>>.



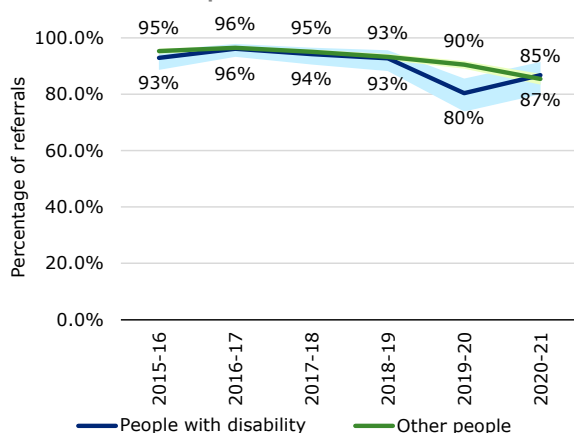
Source: Deloitte Access Economics using housing data provided by DCHDE.

**There is no significant difference between the proportion of people with disability with completed referrals within 48 hours, compared to other Queenslanders.**

There is evidence that shows that people with disability face some delays in being allocated crisis accommodation (Chart 12.12). People with disability tend to have longer median wait times to receiving crisis accommodation, compared to other people. However, delayed wait times appear to be mostly minor, with the proportion of people with disability receiving housing within 48 hours of their referral consistent with other people for all years except for 2019-20. This slight delay is likely due to the specific and complex housing needs of people with disability.<sup>56</sup>

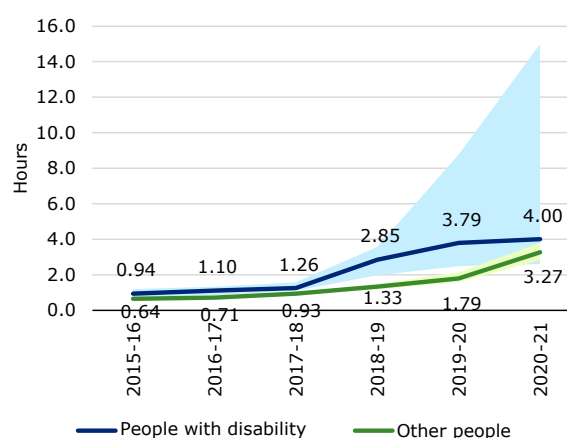
Chart 12.12 Indicators of timely allocation of housing to escape domestic and family violence for people with disability

**Chart A: Proportion of DFV referrals to crisis accommodation completed within 48 hours**



Source: Deloitte Access Economics analysis using QHIP referral data and Queensland Government population statistics

**Chart B: Median hours of completion for DFV referrals to crisis accommodation**



Source: Deloitte Access Economics analysis using QHIP referral data and Queensland Government population statistics

Source: Deloitte Access Economics using housing data provided by DCHDE.

Notes: Shading represents confidence 95% confidence intervals.

**12.4.1.2 Barriers to service access**

**There is a need for frontline service providers to be more aware of the higher prevalence of DFV among people with disability, as well as the types of appropriate and targeted services that meet the needs of people with disability.**

An evaluation of Queensland’s plan to respond to domestic and family violence against people with disability is underway. An Interim Report was released in November 2021 with preliminary findings. A full summary of that report is available in Appendix F Domestic and Family Violence and Disability Plan. This report identified key barriers to service access for people with disability that are impacted by domestic and family violence. Barriers include:

- **Awareness of service providers and community:** The evaluation finds that there is limited understanding of the experiences of people with disability with domestic and family violence, including how to detect and screen for domestic and family violence and safety, how to screen for victim survivor needs and how to refer clients to appropriate support services that can meet their needs. Service provider’s knowledge on how DFV impacts people with disability was considered to be inconsistent, with some providers noted for having deep expertise in the subject matter while others less so. People with disability often possess a wide range of needs

<sup>56</sup> Referrals to government funded crisis accommodation due to escaping DFV data is sourced from the QHIP. This data is an administrative system solely developed and implemented to facilitate referrals for crisis accommodation and was not designed as a data capture, monitoring, or reporting system. Therefore, analysis and findings using this data source should be treated with caution and as indicative only.

and intersecting factors of disadvantage, which require multiple forms of support.

Unfortunately, stakeholders in the Interim Report reported that service providers, QPS officers and disability support services remain largely uninformed on the types of services and support that can be accessed by people with disability experiencing DFV. This reflects that DFV and disability services have previously operated in silos with limited collaboration, preventing the delivery of a holistic response. However, some stakeholders reported improvements across higher levels of governments, as they had observed more widespread awareness across high-level strategic planning across different government departments.

- **Supply and integration of appropriate services:** The evaluation finds that many people with disability impacted by domestic and family violence need to rely on mainstream DFV services due to the limited supply of appropriate support services for people with disability. Further, many service providers are unaware of what support services are available for people with disability within their region. Stakeholder identified many examples of instances where collaborative practice between service providers improved outcomes of people with disability. These examples reveal the benefits of integrated services to people with disability, even though stakeholders indicated they were not driven directly by the Domestic and Family Violence and Disability Plan and did not occur on a large scale. Greater incorporation of the needs of diverse populations, such as CALD, would also help ensure services are suited to the needs of people with disability experiencing DFV.
- **Insufficient data collection:** Stakeholders consistently identified data collection as one of the biggest barriers to improving services responses for people with disability experiencing DFV. They argued that data collection is necessary to identify people with disability, advocate for change and monitor progress within the sector.

# 13 Efficiency

## Key Findings

### Allocation of resources to date

Frontline agencies reported that it has been challenging to provide actual expenditure for their DFV-related budget commitments due to funding arrangements that did not necessarily separately allocate a budget for Third Action Plan responses. There is scope to improve the monitoring of funding usage to implement the Third Action Plan.

### Efficiency of Third Action Plan expenditure

Government stakeholders reported that several discrete initiatives which benefitted from direct Third Action Plan funding were considered to be sufficiently funded and have been implemented in accordance with budget. However, some actions – particularly those that did not receive direct funding allocations – have not been delivered at the originally intended scale. This Review finds that there is substantial scope to strengthen initiative-level performance and funding monitoring and data collection.

### Evaluation of individual Third Action Plan actions

Implementing agencies have undertaken evaluations for 10 Third Action Plan actions. There was some variation in the structure and scope of independent evaluations undertaken on individual actions.

### Extent to which implementing agencies feel empowered to design and implement programs and actions that are evaluation ready

A capability building program has been developed as part of the Evaluation Framework for the Domestic and Family Violence Prevention Strategy (2016–26) to assist staff within implementation agencies to develop their evaluation skills and implement evaluation-ready programs. Notwithstanding this, there does not appear to be a consensus across agencies on their ability to deliver evaluation-ready actions and initiatives.

## 13.1 The extent to which initiatives and activities have been economical, efficient and effective to optimise success and deliver value for money to Queensland

The Queensland Government allocated over \$600 million since 2015 for DFV services, programs and strategies. The Government also committed an additional \$2.1 million over three years from 2017-18 to support the implementation of the Evaluation Framework.

Notwithstanding a request for funding information to support the assessment of the efficiency of Third Action Plan funding from frontline agencies, insufficient information was received to ascertain the level of expenditure allocated to deliver actions. Frontline agencies generally reported that it was challenging to extract funding information that directly related to the Third Action Plan actions. The factors that contribute to this challenge include the perpetual nature of some actions and different funding sources used to implement actions. These are elaborated in the remaining subsections of this chapter.

### 13.1.1 Funding sources for Third Action Plan

#### Frontline agencies perceived it to be challenging to provide actual expenditure for their DFV-related budget commitments due to existing funding arrangements.

Frontline agencies adopt different approaches to fund actions that they are responsible for implementing. These were attributed to three main reasons – first, DFV may form one part of the overall budget allocation for an initiative, which made it challenging to extract DFV-related expenditure from overall spending. Second, some actions and initiatives were also delivered by multiple implementing agencies, which complicated efforts to monitor funding allocation and

expenditure. Finally, some actions were not associated with a specific budget or funding tranche. For example, DJAG's work as part of FVWG (which was a Third Action Plan supporting action) did not have funding directly connected or allocated to it.

### **Agencies received direct funding through annual budget allocations and utilised internal funding to deliver Third Action Plan actions.**

Some agencies provided specific examples of actions that were delivered through direct annual budget allocations. These initiatives are generally funded for multiple financial years. Examples include:

- \$69.5 million over four years (and annual ongoing funding) was committed to roll out and permanently establish five specialist DFV courts at Southport, Beenleigh, Townsville, Mount Isa and Palm Island, including \$20 million to upgrade the Beenleigh and Townsville courthouses and provision for the final Southport evaluation.<sup>57</sup>
- A further \$8.1 million over four years (and annual ongoing funding) was committed to expand the scope of the specialist DFV court justice response in Townsville, Mount Isa and Palm Island to include criminal DFV matters.<sup>58</sup>
- \$11 million over four years with \$3.5 million per annum ongoing to enhance the capability of CJGs in 18 discrete Aboriginal and Torres Strait Islander communities, as part of the overall package of \$198.2 million over five years since the 2015-16 budget to respond to the Not Now, Not Ever Report.<sup>59</sup>

To fund the implementation of actions, some agencies reprioritised internal funding, embedded additional DFV-related responsibilities in existing staffing roles and funded the expansion of specialist DFV staffing resources using general budget allocations. For example, DCHDE's strategy document – the Housing and Homeless Action Plan (2021-25) – includes specific commitments to provide housing supports to people who experienced domestic and family violence<sup>60</sup>. This was aligned with the commitment articulated in the Third Action Plan to implement an enhanced housing response for individuals.

While there may be merits for the different funding approaches, it will be important for future action plans to incorporate more robust processes to support the monitoring of Third Action Plan expenditure and the adequacy of funding.

### **While a Funding and Investment Model was developed earlier to guide DFV-related investments, this Model was not extensively used in practice.**

A Funding and Investment model (the "Model") was developed earlier in 2018 to support new and existing DFV-related investments across the Government. The Model prompts agencies to consider how and what to invest in, where and when to invest, the impact of investment and how to shape investment to achieve the vision of a Queensland free of DFV.<sup>61</sup> The Model was intended to showcase the current allocation of funding against DFV reforms to determine whether needs are met and gaps in services are addressed in the most efficient manner.

In practice, there appears to be limited awareness of the Model and how it has supported the implementation of the DFV Strategy. During consultations undertaken throughout this Review, the Model was rarely cited as a key guidance document that supported DFV-related investments. Many frontline agencies may have relied on internal funding to deliver actions, which has may have diminished the role of the Model in the monitoring of funding and investments in this area.

#### **13.1.2 Evaluation of efficiency of Third Action Plan**

##### **Stakeholders reported that actual expenditure was generally in accordance with budget forecast.**

Overall, within the limited evidence available, stakeholders report there are indications that the Queensland Government has demonstrated efficiency in implementing the Third Action Plan.

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<sup>57</sup> Queensland Government (2016-17) Budget Measures Budget Paper No. 4.

<sup>58</sup> Queensland Government (2018-19) Budget Measures Budget Paper No. 4.

<sup>59</sup> Queensland Government (2016-17) Budget Measures Budget Paper No. 4.

<sup>60</sup> DCHDE (2021) Housing and Homeless Action Plan (2021-25).

<sup>61</sup> Queensland Government (2018) The Queensland Government Domestic and Family Violence Investment Model.

During consultations, frontline agencies noted that actions had generally been delivered on time and on budget. Some examples of actions that were said to be delivered in accordance with the budget forecast include the CJG DFV enhancement program (see Appendix K) and the implementation of WorkUP (see Appendix J). This has not been validated through other data sources.

**However, some actions – particularly those that were funded by internal reprioritised funding – were not delivered at the intended scale.**

Some frontline agencies stated that resourcing constraints prevented actions from being delivered at the intended scale. This was especially true for actions that did not receive direct funding allocations. For example, an initiative was discontinued after its trial implementation due to a lack of funding even though the internal evaluation identified predominantly positive outcome findings.

COVID-19-related disruptions also led to a delay in the implementation of actions, which meant that any allocated funding was not fully utilised within specified time frames. It is not clear on the extent to which some funding was not efficiently utilised as a result of these delays.

### 13.2 The extent to which policy makers and program providers feel empowered to design and implement programs that are evaluation ready

**Based on data received as part of this Review, implementing agencies have undertaken evaluations for 10 of Third Action Plan actions.**

Table 13.1 outlines examples of evaluations of individual Third Action Plan actions that were undertaken between 2019 – 2022. It is acknowledged that it may not be appropriate to undertake independent evaluations for all activities included in the Third Action Plan as there was insufficient specificity associated with individual actions, which made it hard to undertake or commission comprehensive evaluations. Additionally, some actions are also in early stages of implementation, and as such it remains unclear if these actions would be evaluated in the coming years.

Table 13.1 Independent evaluations undertaken on specific Third Action Plan actions (2019-22)

Foundational element	Evaluation of specific actions
Foundational Element 1: Changing community attitudes and behaviour	1. DJAG: DFV communication and engagement campaigns
	2. DOE: Respectful relationships education in primary schools (pilot)
	3. DESBT: SQW
Foundational Element 2: Integrated service responses	4. DJAG: Queensland's plan to respond to domestic and family violence against people with disability.
	5. DJAG: Queensland's trial of integrated responses to DFV
Foundational Element 3: Strengthening justice system responses	6. DCYJMA: Aboriginal and Torres Strait Islander Family Wellbeing Services
	7. QCS: DFVP (trial) in custodial settings
	8. DJAG: Southport Specialist Domestic and Family Violence Court
	9. DJAG: Online pilot of the MDVEIP
	10. DJAG: The CJG program and CJG DFV Enhancement program (ongoing)

Source: Deloitte Access Economics analysis of data provided by DJAG, DESBT, QCS, DCYJMA and DOE

**There was some variation in the structure and scope of independent evaluations undertaken on individual actions.**

While some variation is to be expected (due to the different scope and nature of actions), it is observed that some differences partly reflected the different priorities of frontline agencies.

Based on existing evaluations that have been commissioned, there appears to be disproportionately greater focus on process-related evaluation questions. This may be because of the short time period since implementation such that it is too soon to understand outcomes. Almost all evaluations notably do not specifically include efficiency-related questions. This represents an opportunity to better align The Strategy's evaluation questions with those included in these evaluations. The Queensland Government Program Evaluation Guidelines<sup>62</sup> provided a list of recommended evaluation questions that should be included include:

- To what extent was the program effective in achieving intended outcomes?
- To what extent can outcomes be uniquely attributed to the program (as opposed to counter explanations or the counterfactual)?
- Do outcomes represent value for money?
- How equitably and efficiently were benefits distributed among stakeholders?
- Was the program implemented as intended and if not, why not?
- How efficiently was the program implemented?
- How accessible and useful was the program?
- How appropriate was the program design and implementation?
- Before and/or since program implementation, did economic analysis indicate a net benefit?
- Were there any unintended consequences or outcomes (if so, how were they managed)?

Frontline agencies can consider including these questions in future evaluations.

**A capability building program has been developed as part of the Evaluation Framework for the Domestic and Family Violence Prevention Strategy (2016–26) to assist staff within implementation agencies to develop their evaluation skills and implement evaluation-ready programs.**

Under the capability building program, progress has been made in terms of delivering capability building activities. This includes:

- Training needs survey – to identify the capability building preferences and needs of agency personnel
- Face-to-face training – four three-hour workshops focused on the topics of the Evaluation Framework, developing evaluation questions, developing program logics and types of evaluation
- Workshop – to support development of a community of practice
- Other forms of support to build capability include embedding an evaluation expert or providing ad hoc advice for specific evaluation activities associated with domestic and family violence

Notwithstanding this, there are mixed reports across the agencies on their level of confidence in being able to deliver evaluation-ready actions and initiatives. This Review identified three distinct themes in this area:

1. Agencies cited examples of ongoing or completed independent evaluations as an indication that activities / initiatives are evaluation ready. However, it is acknowledged that the scope and approach to evaluations differed in practice.
2. Some stakeholders commented that their capacity to evaluate programs in a robust manner is often constrained by funding availability. For example, robustly evaluating the impact of perpetrator programs is perceived to be challenging and cost prohibitive as it would involve longitudinal assessments of behaviour change over a long period of time.
3. Some frontline agencies acknowledged that there is scope to improve collaboration among agencies to share learnings on how to deliver robust evaluations on specific areas. This indicates a level of enthusiasm to gather insights on impacts and outcomes, and to use these learnings to inform the design of future initiatives and actions.

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<sup>62</sup> Queensland Treasury (2020) Queensland Government Program Evaluation Guidelines.

# 14 Impact

*To what extent do Queenslanders live safely in their own homes and children can grow and develop in safe and secure environments?*

## **Key findings**

### **Improved willingness to call the police**

The number of domestic and family violence occurrences attended by the police has been increasing since 2015. However, overall willingness to call the police has remained unchanged.

### **Deaths related to domestic and family violence**

There are some tentative signs that annual deaths as a result of domestic and family violence are beginning to decline. However, Aboriginal and Torres Strait Islander peoples (both victims and perpetrators) remain significantly over-represented among the number of homicides within an intimate partner or family relationship. This indicates the ongoing need to ensure future systems and processes deliver culturally appropriate supports and timely interventions to Aboriginal and Torres Strait Islander individuals who experience DFV.

QSS data indicates that awareness of DFV has generally remained relatively stable since the commencement of the Strategy. The COVID-19 pandemic may have, however, contributed to an increase in the number of DFV incidents in 2020-21.

### **Feelings of safety from domestic and family violence**

While feelings of safety from domestic and family violence remain high within the Queensland society, many women still feel unsafe from domestic and family violence.

The Queensland Government's domestic and family violence strategy aims to end domestic and family violence throughout Queensland. To achieve this goal, the Queensland Government aims to achieve the following outcomes:

- Improve willingness to report domestic and family violence to police
- Reduced deaths related to domestic and family violence across Queensland
- Improve feelings of Queenslanders from the threat of domestic and family violence

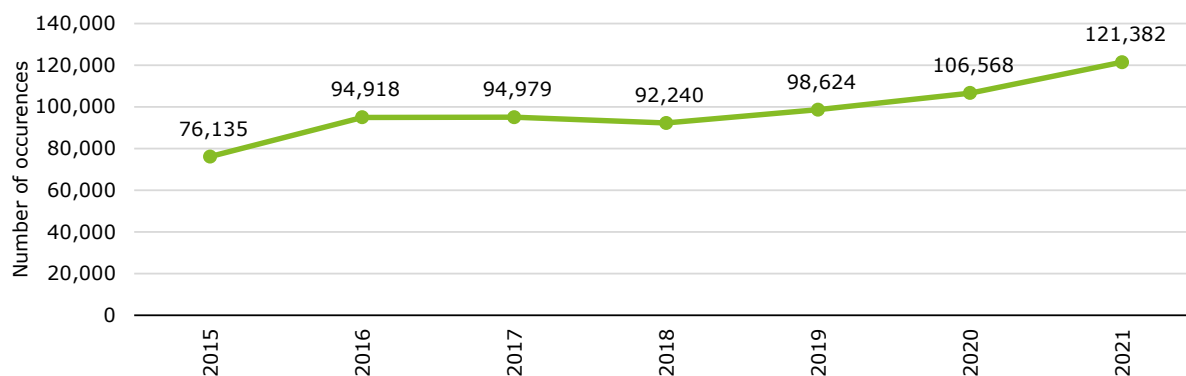
## **14.1 Willingness to call the police**

**The number of domestic and family violence occurrences attended by the police has been increasing since 2015. However, overall willingness to call the police has remained unchanged.**

In 2021, Queensland Police attended 121,382 domestic and family violence occurrences across Queensland (Chart 14.1). This was the highest number of domestic and family violence incidents attended by police in a 12-month period and represented an increase of 14% over the levels in 2020. Moreover, domestic and family violence incidents attended by police has increase by, on average, 8% per annum since 2015.

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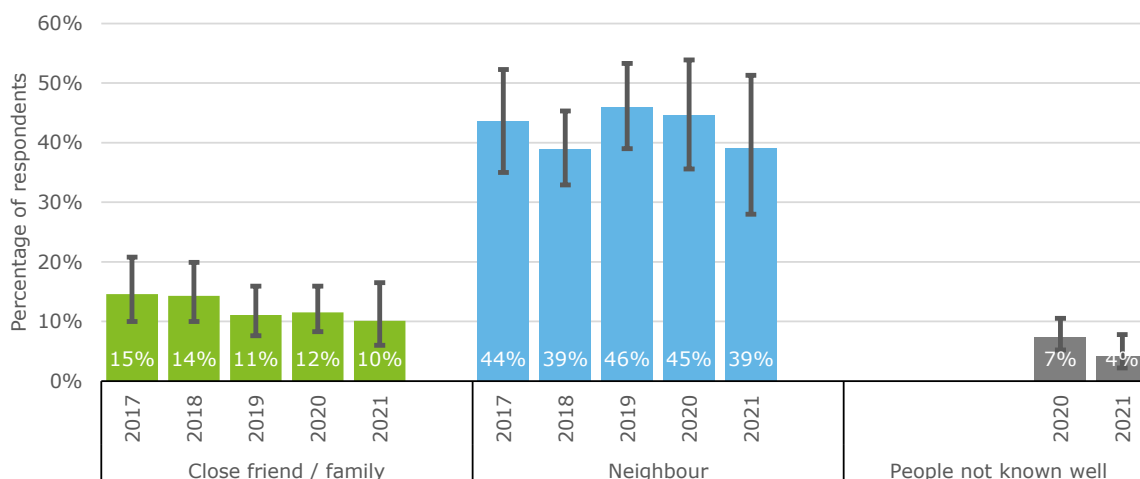
Chart 14.1 Number of occurrences of DFV incidents that were attended by QPS, 2015 to 2021



Source: Deloitte Access Economics analysis using QPS DFV related matters data

However, there has been no increase in self-reported willingness to call the police to report domestic and family violence behaviour. Overall, 10% of people who were aware of domestic and family violence involving a friend or family member called the police in 2021, which has remained broadly stable since 2017 (Chart 14.2).

Chart 14.2 The proportion of Queenslanders that called the police when becoming aware of domestic and family violence, by relationship with the parties



Source: QSS (2021)

Notes: Survey results for *People not known well* are not comparable between 2017 to 2019 and 2020 to 21. Therefore, survey results from 2017 to 2019 are not included in this analysis.

People are more than four times more likely to call the police if they are aware of domestic and family violence involving neighbours than family members. This is reflective of the differing levels of comfort that people face in responding to domestic and family violence in a family/friendship setting. People who are aware of domestic and family violence involving a family member or friend are more likely to talk with the perpetrator themselves, rather than call the police. Meanwhile, the opposite is true for domestic and family violence involving neighbours.

### 14.2 Deaths related to domestic and family violence

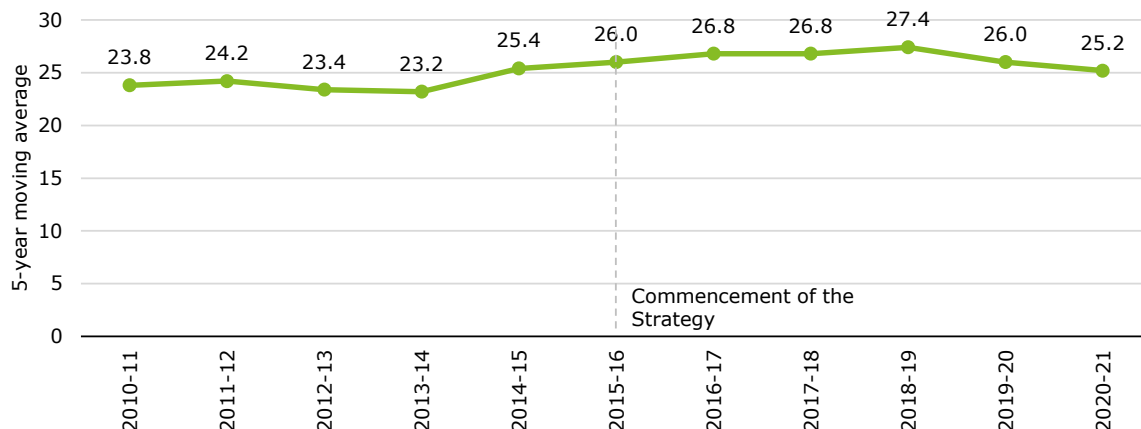
**There are some tentative signs that deaths as a results of domestic and family violence are beginning to decline although it is too soon to determine whether this will be an ongoing trend.**

Over the five years to 2020-21, there have been an average 25.2 homicides per annum related to domestic and family violence, declining from a peak of 27.4 over the five years to 2018-19 (Chart



14.3). While this is the lowest average number of homicides per year since the commencement of the strategy, it is still high in absolute terms relative to the earlier part of this decade. However, this does not adjust for population growth over this period.

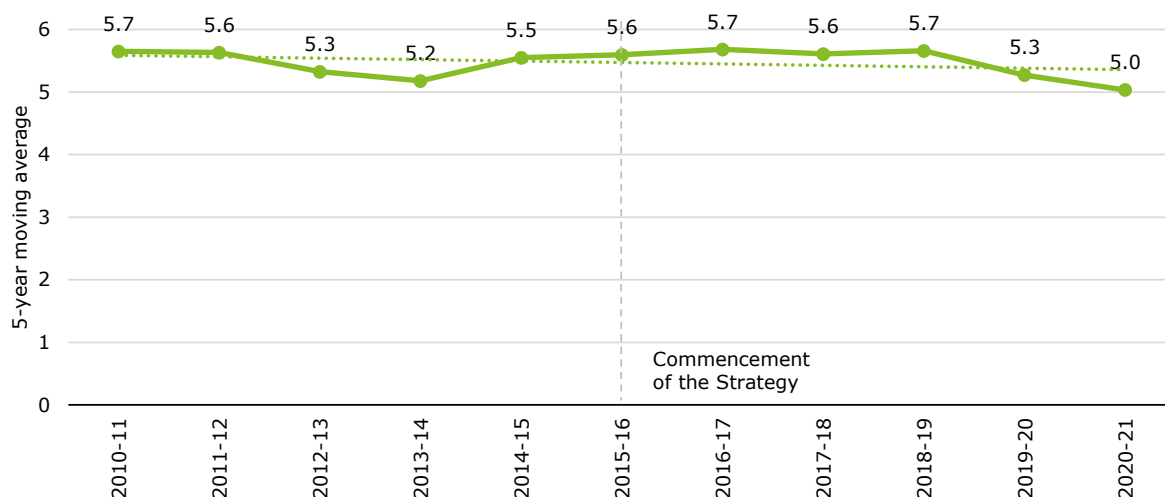
Chart 14.3 Five-year moving average of homicides in a domestic and family relationship



Source: Deloitte Access Economics analysis using Death Review Advisory Board data provided by DJAG  
 Notes: This data is a five-year moving average, and includes homicide data from 2006-07 to 2020-21.

When controlling for growth of the Queensland population over the past decade, the five-year average of homicides related to domestic and family to 2020-21 is the lowest since 2010-11, at approximately five deaths per million people in Queensland (Chart 14.4). This provides some indication that homicides related to DFV are starting to decline. However, it is still too early to tell if this is an ongoing trend, coinciding with the introduction of the Strategy, or a temporary fluctuation.

Chart 14.4 Five-year moving average of homicides in a domestic and family relationship, per million people



Source: Deloitte Access Economics analysis using Death Review Advisory Board data provided by DJAG, and ABS population statistics (2022)  
 Notes: This data is a 5-year moving average, and includes homicide data from 2006-07 to 2020-21.

**However, Aboriginal and Torres Strait Islander peoples (both victims and perpetrators) remain significantly over-represented among the number of homicides within an intimate partner or family relationship. This indicates the ongoing need to ensure future**

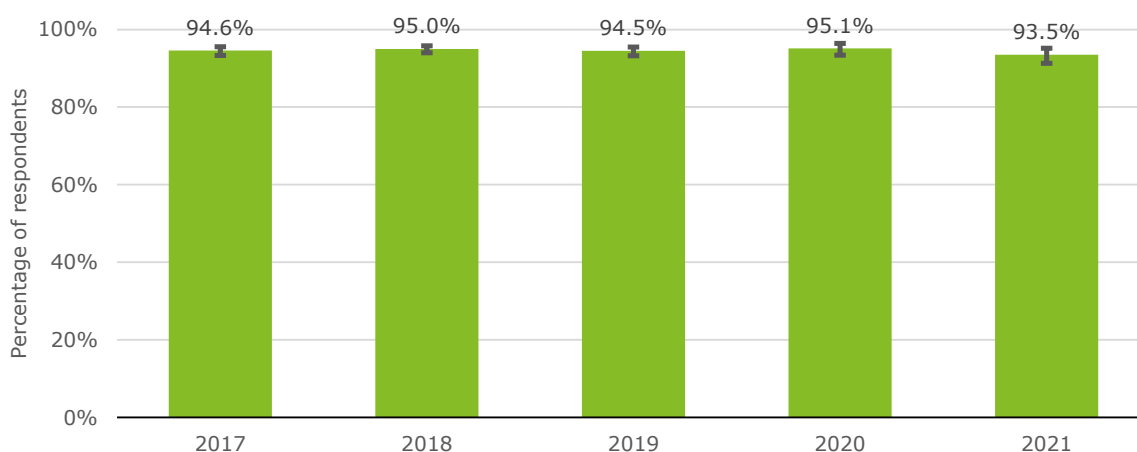
**systems and processes deliver culturally appropriate supports to Aboriginal and Torres Strait Islander individuals, families and communities.** Based on the Domestic and Family Violence Death Review and Advisory Annual Report (2020-21), there were 375 homicides in a domestic and family relationship in Queensland between 1 July 2006, and 30 June 2021. During this period, Aboriginal and Torres Strait Islander peoples remain significantly over-represented as deceased in homicides within an intimate partner or family relationship. Where cultural background could be identified, Aboriginal and Torres Strait Islander peoples represented 21.5% of all homicides in a domestic and family relationship. This is significantly higher than the proportion of Aboriginal and Torres Strait Islander peoples among Queensland residents (4%).<sup>63</sup> This indicates the need to ensure existing systems and processes deliver culturally appropriate and effective responses to support Aboriginal and Torres Strait Islander peoples who experience DFV.

### 14.3 Feelings of safety

**While feelings of safety from domestic and family violence remain high within the Queensland society, too many women still feel unsafe from domestic and family violence.**

In 2021, approximately 93.5% of Queenslanders stated that they feel safe from domestic and family violence; this has remained broadly stable since 2017 (Chart 14.5). Further, approximately 4.4% of Queenslanders in 2021 stated they did not feel safe from domestic and family violence, equating to approximately 180,000 people.<sup>64</sup>

Chart 14.5 Feelings of safety from domestic and family violence within the Queensland society



Source: QSS (2021)

<sup>63</sup> ABS Census of Population and Housing (2016)

<sup>64</sup> Calculated as 4.4% of the Queensland population aged 15 and above.

# 15 Looking ahead

This Review has identified positive signs of progress across different aspects of The Strategy. Despite this, there are some areas where further progress is required to achieve outcomes articulated in The Strategy. This partly reflect the perpetual nature of actions, and the expectations that some actions take time and involve generational changes in attitudes and behaviours. This Review recommends for greater focus to be placed on six specific areas:

1. Expanding the depth and breadth of perpetrator interventions, which would involve developing new programs to supplement behaviour change programs and ensuring existing program capacity is aligned to demand.
2. Building a strong pipeline of DFV workers. This will involve addressing long-standing DFV workforce challenges – including increasing the attraction of delivering DFV services in remote / regional areas, addressing retention challenges and building the capability of existing workers.
3. Providing timelier and more effective crisis supports to victim survivors.
4. Strengthening the extent to which existing systems deliver tailored and effective responses, particularly to specific population cohorts who are more likely to experience vulnerability (such as people with disability, Aboriginal and Torres Strait Islander peoples and those from CALD backgrounds).
5. Ensuring that there is a zero-tolerance approach to DFV in all settings - including schools, workplaces and community clubs.
6. Strengthening data collection and evaluation to inform future policy and scaling decisions related to DFV support services.

A more detailed future areas of focus for The Strategy's three key Foundational Elements is provided in 15.1 to 15.3.



## Foundational element 1: A significant shift in community attitudes and behaviours

Table 15.1 Foundational Element 1: Recommended future areas of focus

No.	Future areas of focus	Rationale from key findings	Chapter references
1	<b>Deliver more targeted communication and campaigns to address more nuanced gaps in awareness and understanding among specific population cohorts</b>	<p>This Review has identified gaps in knowledge, awareness and behaviour among specific population cohorts such as people from CALD backgrounds and young Queenslanders. Moving forward, future engagement and communication campaigns can highlight:</p> <ul style="list-style-type: none"> <li>• The DFV experiences of specific population cohorts, such as those with disability and individuals who identify as LGBTQI+.</li> <li>• The seriousness of both physical and nonphysical DFV.</li> <li>• The appropriate supports and relevant frontline support services in their area that they can contact if they are aware of DFV incidents.</li> </ul>	<p>Chapter 5 – Supporting Outcome 1</p> <p>Chapter 12 - Equity</p>
2	<b>Strengthen the understanding and evaluation of all respectful relationships education programs that are delivered across all Queensland schools</b>	<p>Limited data has been collected to support oversight on the quality of external respectful relationships education programs.</p> <p>It is acknowledged that DOE will be releasing a Respectful Relationships Education Quality Assurance checklist to provide principals with guidance for reviewing respectful relationships education resources and materials. However, there remains scope to strengthen the evidence base through data collection to better understand where schools are externally sourcing RRE from and the impact of these programs on school students and communities.</p>	Chapter 6 – Supporting Outcome 2
3	<b>Increase the engagement of men in community DFV-related initiatives and deliver more targeted campaigns on gender equality</b>	<p>Females were more than twice as likely to participate in community DFV initiatives than males in 2021.</p> <p>To support an underlying cultural change in the community on DFV prevention and gender equality, there needs to be consideration on how to recruit male leaders and increase the engagement of men in community DFV initiatives. These initiatives can include educational elements on the linkages between harmful gender biases and DFV-related behaviours.</p>	Chapter 7 – Supporting Outcome 3



## Foundational element 2: An integrated response system that delivers the services and support that victims and perpetrators need

Table 15.2 Foundational Element 2: Recommended future areas of focus

No.	Future areas of focus	Rationale	Chapter references
4	<b>Develop a strong pipeline of skilled DFV workers</b>	<p>Workforce recruitment and retention challenges have been consistently highlighted as a key barrier. These issues are exacerbated in regional and remote areas and for more specialised roles that support diverse population cohorts.</p> <p>There should therefore be consideration to implement workforce development strategies to recruit new staff into the industry and ensure that appropriate training and supports are provided to both strengthen the capability and improve health and well-being of DFV workers. Government agencies have highlighted the opportunity of working in partnership with integrated peak body for DFV services and service providers to develop and implement strategies to attract, recruit and train a skilled workforce, with a particular focus on rural, regional and remote locations. Of importance, these workers need to forge strong relationships with other frontline service providers to deliver high-quality services.</p>	Chapter 4 - Implementation
5	<b>Strengthen workforce capability to deliver effective integrated service responses to victim survivors and perpetrators</b>	<p>This Review has also identified scope to strengthen the capability of all workers who deliver frontline service responses, including those who are not part of specialist DFV teams, to build on the effectiveness of current integrated service responses.</p> <p>This would involve providing appropriate and tailored training to ensure that frontline workers have a shared understanding of the relevant legislation (the Domestic and Family Violence Prevention Act 2012) and resources which underpin the Government's approach to integrated service responses.</p>	Chapter 4 - Implementation Chapter 9 – Supporting Outcome 5
6	<b>Provide timelier and more effective crisis supports to victim survivors</b>	<p>There remains a clear need to enhance the provision of immediate crisis-related supports – for example, through improvements in after-hour supports for victim survivors and increasing the availability of crisis housing.</p>	Chapter 9 – Supporting Outcome 5 Appendix M – Queensland's ISR to DFV

No.	Future areas of focus	Rationale	Chapter references
7	<b>Establish data collection and information-sharing mechanisms to facilitate information sharing and collaboration among frontline agencies</b>	Data on DFV-related supports to victim survivors and their families is currently collected by multiple agencies and for different purposes. There is an opportunity to better use data to inform evidence-based responses and support identification of both strengths and gaps in service system responses. There is also a need to collect more granular data in on consistent manner to assess the impact of DFV support services on the experiences of victims and perpetrators from specific demographic groups.	Chapter 9 – Supporting Outcome 5  Appendix M – Queensland’s ISR to DFV
8	<b>Strengthen prevention and early intervention supports for young people</b>	DFV is a traumatic experience for both victim survivors and their children. Notwithstanding this, this Review found that there were gaps in specialised trauma-informed interventions for young people who were either exposed to, or involved in, DFV. Greater focus could be given to how to support the needs of young people experience DFV.	Chapter 9 – Supporting Outcome 5
9	<b>Enhance victims’ and perpetrators’ access to appropriate support services</b>	There is a clear need for more culturally appropriate DFV-related support services for specific population cohorts, including those from CALD backgrounds, people with disability and LGBTIQI+ people.  This Review has highlighted instances of successful initiatives and strategies that are tailored to the needs of specific communities have contributed to positive outcomes for both victims and perpetrators. It would be important to consider how learnings from these experiences can be scaled.	Chapter 12 - Equity
10	<b>Enhancing systems and supports to reduce the prevalence of DFV among Aboriginal and Torres Strait Islander peoples.</b>	As of 2020-21, Aboriginal and Torres Strait Islander peoples (both victims and perpetrators) remain significantly overrepresented as deceased in homicides within an intimate partner or family relationship. This indicates the need to strengthen systems and services to deliver more culturally appropriate and timely responses to DFV among Aboriginal and Torres Strait Islander communities. This is especially critical in remote areas of Queensland where there are disproportionately higher numbers of Aboriginal and Torres Strait Islander residents and a general shortage of specialised DFV workers and services.	Chapter 12 – Equity Chapter 14 - Impact



### Foundational element 3: A stronger justice system response that will prioritise victim safety and hold perpetrators to account

Table 15.3 Foundational Element 3: Recommended future areas of focus

No.	Future areas of focus	Rationale	Chapter references
11	<b>Establish early intervention and maintenance programs for perpetrators</b>	<p>This Review found that there is insufficient breadth and diversity of perpetrator interventions and too few interventions to meet demand.</p> <p>Existing perpetrator interventions can be complemented with a range of primary and tertiary interventions that focus specifically on rehabilitating perpetrators. These include programs that would address other co-occurring issues that perpetrators experience, such as substance abuse and mental health. There is also an opportunity to consider how post-program supports can be effectively delivered to perpetrators so that behaviour change is enduring.</p>	Chapter 10 – Supporting Outcome 6
12	<b>Develop innovative and evidence-based responses to address high demand for behaviour change programs</b>	<p>The current capacity of existing behaviour change programs is insufficient to meet existing demand. This has impacted the timeliness and effectiveness of justice system responses.</p> <p>There is also a need to ensure that the existing suite of perpetrator interventions recognise and respond to the specific needs and experiences of specific population cohorts.</p> <p>It would therefore be critical to explore innovative strategies that would address these gaps. For example, the learnings from the recent online trial of a perpetrator intervention program (see Appendix I) have demonstrated the potential benefits of delivering interventions via virtual channels, particularly in terms of reaching perpetrators who are located in remote and regional areas or delivering tailored programs based on the demographic characteristics of perpetrators (e.g., young people, people from CALD backgrounds and LGBTQI+ people).</p>	Chapter 10 – Supporting Outcome 6

No.	Future areas of focus	Rationale	Chapter references
13	<b>Strengthen ability to undertake robust evaluations on the outcomes of perpetrator interventions</b>	ANROWS research <sup>65</sup> found that program evaluation of perpetrator intervention services have commonly been process-oriented with success being defined in terms of outputs, such as the number of participants completing the program. A greater focus on outcomes in evaluation will ensure that learnings will be able to inform future program design and delivery.	Chapter 10 – Supporting Outcome 6

### Other recommendations

No.	Future areas of focus	Rationale	Chapter references
14	<b>Improve data collection to support performance monitoring</b>	<p>This Review has highlighted an opportunity to strengthen data collection mechanisms to support future assessments on efficiency. Overall, limited data has been collected to monitor the implementation of the DFV strategy. This contrasts with the Second Action Plan Review, which analysed data on the level of investment across different supporting outcomes. Given that resourcing constraints have been commonly cited as an implementation barrier, building a strong evidence base on the efficiency of the Third Action Plan and how actions / initiatives are funded will inform future decisions related to funding adequacy and allocation.</p> <p>Based on the Queensland Government Program Evaluation Guidelines, it is recommended for DFV-related actions and initiatives to collect data that would support the following assessments:</p> <ul style="list-style-type: none"> <li>• The extent to which actions have been delivered at the lowest possible cost (productive efficiency)</li> <li>• The extent to which actions have focused on cohorts with the greatest need (allocative efficiency)</li> <li>• Whether there are better or lower cost ways to deliver intended outcomes (dynamic efficiency)</li> </ul>	Chapter 13 - Efficiency

<sup>65</sup> ANROWS (April 2019) "Men's behaviour change programs: measuring outcomes and improving program quality – key findings and future directions."



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# Appendix A

## Revised Evaluation Framework Indicator Matrix

An indicator matrix was designed as part of the Evaluation Framework for the Domestic and Family Violence Prevention Strategy (2016-2026). This forms the basis of Deloitte's approach to assessing the achievement of the seven supporting outcomes which form The Strategy. The tables below outline the key intermediate outcomes and data sources for each supporting outcome (as of October 2021), which Deloitte received from DPC.

 <b>Supporting outcome 1:</b> Queenslanders take a zero-tolerance approach to domestic and family violence	
Intermediate Outcome	Data sources
1.1: Queenslanders are aware of the behaviours that constitute domestic and family violence (Knowledge) 1.2: Queenslanders consider domestic and family violence behaviours to be serious (Attitudes) 1.3: Bystanders are aware of their responsibility to intervene and are willing to act if they become aware of domestic and family violence (Attitude) 1.4: Bystanders take action after becoming aware of domestic and family violence (Behaviour)	QSS (QGSO)
 <b>Supporting Outcome 2:</b> Respectful relationships and nonviolent behaviour are embedded in our community	
Intermediate Outcome	Data sources
2.1: Schools embed respectful relationships and gender equality within their school community	Respectful Relationships Education staff survey, School Information Collection Tool (DOE)
2.2: Teachers have confidence in their ability to deliver respectful relationships education and believe it is important to provide respectful relationships education in schools	School staff pre-post online training platform survey (DOE)
2.3: The Queensland community believes it is important to educate children and young people about respectful relationships	QSS (QGSO)
2.4: The broader community challenges traditional gender stereotypes and roles, and values gender equality	



### Supporting outcome 3:

Queensland community, business, religious, sporting and all government leaders are taking action and working together

Intermediate Outcome	Data sources
3.1: Cultural change is led by communities across Queensland	<ul style="list-style-type: none"> <li>• QSS (QGSO)</li> <li>• Domestic and Family Violence Prevention events calendar (DJAG)</li> <li>• Investing in Queensland Women Grants program (DJAG)</li> </ul>
3.2: Leaders across business, community, faith-based and sporting organisations participate in driving reform	<ul style="list-style-type: none"> <li>• Office for Women and Violence Prevention – Lunch Box sessions (DJAG)</li> </ul>



### Supporting outcome 4:

Queensland's workplaces and workforce challenge attitudes contributing to violence and effectively support workers

Intermediate Outcome	Data sources
4.1: Workplaces demonstrate visible commitment to influence cultural change	<ul style="list-style-type: none"> <li>• CEO Leadership Board and Strategic Workforce Council endorsement of White Ribbon Australia accreditation (PSC)</li> <li>• PSC administrative data</li> <li>• Director-General Performance Agreements (PSC)</li> <li>• WGEA (DPC)</li> <li>• QSS (QGSO)</li> </ul>
4.2: Employee awareness of and satisfaction with domestic and family violence-related support	<ul style="list-style-type: none"> <li>• Public sector employee opinion survey (PSC)</li> </ul>
4.3: Building capability to recognise signs of domestic and family violence, and respond and refer appropriately, to better support affected employees	<ul style="list-style-type: none"> <li>• PSC administrative data</li> <li>• Public sector employee opinion survey (PSC)</li> <li>• Queensland Government departmental data from employee assistance providers (PSC)</li> </ul>



### Supporting Outcome 5:

Victims and their families are safe and supported

Intermediate Outcome	Data sources
5.1: Victims experience integrated service delivery across service providers through improved information sharing	<ul style="list-style-type: none"> <li>• Domestic and Family Violence Client Management System (DJAG)</li> </ul>

5.2: Victims have access to appropriate crisis support services and services are responsive	<ul style="list-style-type: none"> <li>DVConnect data (DJAG)</li> <li>QPS administrative data</li> <li>Specialist Homelessness Collection (DCHDE)</li> <li>QHIP (DCHDE)</li> <li>DJAG administrative data</li> </ul>
5.3: Victims have access to appropriate support services and services are responsive	<ul style="list-style-type: none"> <li>Social housing data (DCHDE)</li> <li>Private housing program data (DCHDE)</li> <li>DJAG administrative data</li> </ul>
5.4: Services protect and help victims and their families rebuild their lives, gain independence and avoid revictimisation	<ul style="list-style-type: none"> <li>DJAG administrative data</li> <li>DESBT administrative data</li> <li>Our Performance – family support and child protection system data (DCYJMA)</li> </ul>



### Supporting Outcome 6:

Perpetrators stop using violence and are held to account

Intermediate Outcome	Data sources
6.1: Perpetrators get the right interventions at the right time	<ul style="list-style-type: none"> <li>DJAG administrative data</li> <li>QCS administrative data</li> </ul>
6.2: Perpetrators participate in programmes and services that enable them to change their violent behaviours and attitudes	<ul style="list-style-type: none"> <li>QCS administrative data</li> </ul>



### Supporting outcome 7:

The justice system deals effectively with domestic and family violence

Intermediate Outcome	Data sources
7.1: The justice system process for domestic and family violence matters is accessible and leads to the provision of a coordinated, consistent and timely response	<ul style="list-style-type: none"> <li>QPS data</li> <li>DJAG administrative data</li> </ul> NOSPI measure (Indicator 3) (responsibility: QPS), DJAG administrative data (responsibility: DJAG)
7.2: Increased capacity of the justice system to provide comprehensive and integrated services that meet the needs of perpetrators, victims and families	<ul style="list-style-type: none"> <li>DJAG administrative data</li> </ul>
7.3: Perpetrators are more accountable for their actions	<ul style="list-style-type: none"> <li>QPS data</li> <li>DJAG administrative data</li> </ul>

# Appendix B

## Stakeholders consulted

The stakeholders consulted as part of the semi-structured interviews are listed in the table below. It excludes consultations for case studies, which are outlined in the case studies themselves.

Table B.1 Central stakeholders consulted

<b>Stakeholder consulted</b>	<b>Participants</b>
DJAG	<ul style="list-style-type: none"> <li>• A/Assistant Director General (1)</li> <li>• Director (2)</li> </ul>
DCYJMA	<ul style="list-style-type: none"> <li>• Executive Director (1)</li> </ul>
QPS	<ul style="list-style-type: none"> <li>• Superintendent (1)</li> <li>• Inspector (1)</li> </ul>
QCS	<ul style="list-style-type: none"> <li>• Assistant Commissioner (1)</li> <li>• Director (2)</li> <li>• Manager (1)</li> </ul>
DCHDE	<ul style="list-style-type: none"> <li>• Executive Director (2)</li> <li>• Director (1)</li> </ul>
DOE	<ul style="list-style-type: none"> <li>• Executive Director (1)</li> </ul>
QH	<ul style="list-style-type: none"> <li>• Executive Director (1)</li> <li>• A/Manager (1)</li> </ul>
DESBT	<ul style="list-style-type: none"> <li>• Executive Director (1)</li> </ul>
PSC	<ul style="list-style-type: none"> <li>• Executive Director (1)</li> </ul>
Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships	<ul style="list-style-type: none"> <li>• Executive Director (2)</li> <li>• Director (4)</li> <li>• A/Manager (1)</li> </ul>
Domestic and Family Violence Prevention Council	<ul style="list-style-type: none"> <li>• Co-chair (2)</li> <li>• Sector Representative (1)</li> </ul>
QIFVLS	<ul style="list-style-type: none"> <li>• Chief Executive Officer (1)</li> </ul>
ALGQ	<ul style="list-style-type: none"> <li>• Domestic Violence Project Officer (1)</li> </ul>

Table B.2 Regional stakeholders consulted

<b>Regions</b>	<b>Stakeholders consulted (number of participants)</b>
Central Queensland	<ul style="list-style-type: none"> <li>• Department of Children Youth Justice and Multicultural Affairs (2)</li> <li>• Department of Employment, Small Businesses and Training (1)</li> <li>• DJAG (2)</li> <li>• DOE (3)</li> <li>• Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (1)</li> <li>• QPS (1)</li> </ul>
Moreton Area	<ul style="list-style-type: none"> <li>• DOE (1)</li> </ul>
Northern Queensland	<ul style="list-style-type: none"> <li>• DCHDE (1)</li> <li>• DJAG (1)</li> <li>• Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (2)</li> <li>• QH (2)</li> </ul>
South West Queensland	<ul style="list-style-type: none"> <li>• DCHDE (2)</li> <li>• Department of Children Youth Justice and Multicultural Affairs (3)</li> <li>• DJAG (2)</li> <li>• DOE (2)</li> <li>• DPC (1)</li> <li>• Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (1)</li> <li>• QH (3)</li> <li>• QPS (2)</li> </ul>
Wide Bay	<ul style="list-style-type: none"> <li>• DCHDE (3)</li> <li>• Department of Children Youth Justice and Multicultural Affairs (3)</li> <li>• Department of Employment, Small Businesses and Training (1)</li> <li>• Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (1)</li> <li>• QCS (1)</li> <li>• QPS (1)</li> <li>• Sport and Recreation Queensland (1)</li> </ul>



# Appendix C

## Frontline staff survey

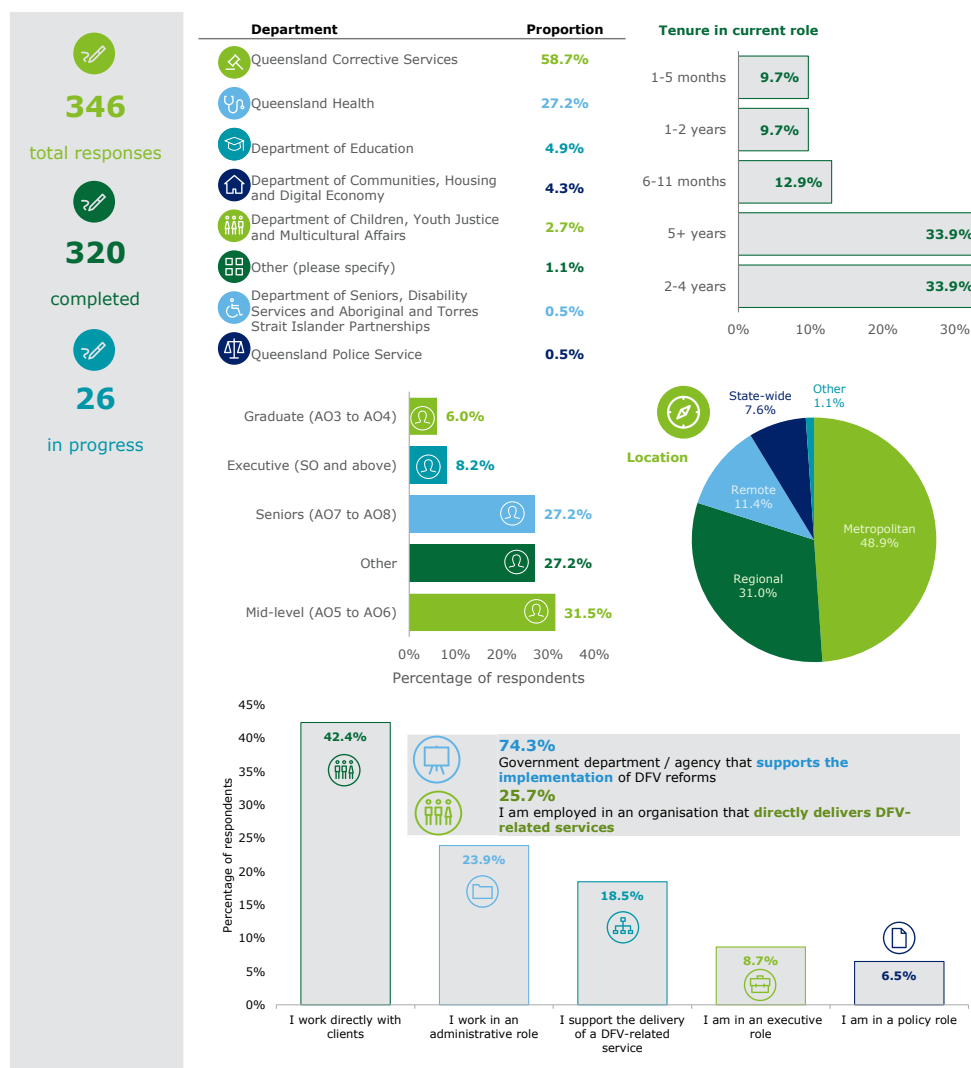
### C.1. Introduction

This appendix presents the descriptive statistics of the survey undertaken by Deloitte Access Economics as part of the primary research activities in scope for the Review.

### C.2. Characteristics of frontline staff survey respondents

The frontline service provider survey was designed and fielded by Deloitte Access Economics from November 2021 to February 2022. The aim of the survey was to understand the views of frontline service staff on the effectiveness and efficiency of the implementation process of the Third Action Plan. Characteristics of survey participants are summarised in Figure C.1.

Figure C.1 Descriptive statistics of frontline staff survey respondents



### C.3. Frontline service provider survey questionnaire

#### Section 1: Progress of implementing the Third Action Plan

This section seeks to get your perspective on the progress made by the Queensland Domestic and Family Violence reforms since 2019.

Please rate the extent to which you agree with the following statements, from 1 (strongly disagree) to 10 (strongly agree).

- I am aware of, and understand, the Domestic and Family Violence Prevention Strategy 2016-26.
- I am aware of, and understand, the initiatives under the Third Action Plan.
- I am aware of, and understand, the action(s) that my agency/organisation is responsible for implementing under the Third Action Plan.
- I understand my role (as an individual) in implementing action(s) that my agency/organisation is responsible for under the Third Action Plan.
- I am satisfied with the progress on action(s) for which I have been responsible for, or have supported implementation of under the Third Action Plan.

#### Section 2: Progress toward improving outcomes

We are interested your perspective on whether the **initiatives under the Third Action Plan** have contributed to improved access and outcomes for victim survivors, communities and perpetrators.

Please rate the extent to which you agree with the following statements, from 1 (strongly disagree) to 10 (strongly agree), reflecting on **changes since implementation of the Third Action Plan in July 2019**.

- The initiatives under the Third Action Plan have contributed to an increase in access to services for victims of domestic and family violence
- The initiatives under the Third Action Plan have made progress in addressing equity priorities for vulnerable groups
- Victims of domestic and family violence are better able to have their needs met because of the initiatives under the Third Action Plan
- The initiatives under the Third Action Plan have contributed to improved feelings of and actual safety for victims of domestic and family violence
- The initiatives under the Third Action Plan have contributed to an increase in access to services for perpetrators of domestic and family violence
- The initiatives under the Third Action Plan have contributed to behaviour change among perpetrators of domestic and family violence

Overall, considering the implementation of the Queensland Domestic and Family Violence Prevention Strategy **since 2016**, please rate the extent to which you agree with the following statement, from 1 (strongly disagree) to 10 (strongly agree).

- The implementation of Queensland Domestic and Family Violence Prevention Strategy since 2016 has improved feelings of and actual safety for victims of domestic and family violence.

#### Section 3: Service sector experience

We are keen to get your perspective on the changes you have seen for the service sector as a result of the Queensland Domestic and Family Violence reforms. Thinking about the service sector generally, please rate the extent to which you agree with the following statements, from 1 (strongly disagree) to 10 (strongly agree):

- My organisation is better connected to other relevant agencies because of the Queensland Domestic and Family Violence reforms
- My organisation is better connected to the DFV service sector as a whole because of the Queensland Domestic and Family Violence reforms.

#### Section 4: About you

*This section captures demographic characteristics of respondents.*

1. Please select the statement that best describes your current role.
  - a. I am employed in an organisation that directly delivers DFV-related services.
  - b. I am employed in a government department / agency that supports the implementation of DFV reforms.

*Those who selected "I am employed in an organisation that directly delivers DFV-related services," skip to Section 5*

*Those who selected "I am employed in a government department / agency that supports the implementation of DFV reforms," skip to Section 6.*

#### Section 5: Service provider background questions

2. Please describe the type of services you provide (select all that apply):
  - a. DV Accommodation/Housing
    - Temporary Supported Accommodation and related support
    - Mobile Support (clients in motels, etc.)
    - Supported longer-term housing services
  - b. Other DFV Services
    - Counselling/Case Management for victims
    - Counselling/Case Management for children / young people
    - Telephone Support Services
    - Court-Based Support/Information, including legal services
    - Perpetrator Interventions
    - System Coordination/Integration
  - c. Other Services
    - Sexual Violence Counselling
    - Women's Health and Wellbeing Support
    - Advocacy service
    - Peak body organisation
    - Other; please specify: \_\_\_\_\_
3. Please select the population that you and your service primarily work with (select all that apply):
  - a. Victims (adults)
  - b. Victims (children and young people)
  - c. Perpetrators (adults)
  - d. Perpetrators (children and young people)
  - e. Both
  - f. Other; please specify: \_\_\_\_\_
4. Please describe the role that best represents you:
  - a. I work directly with clients (i.e., case manager and counsellor)
  - b. I manage a service, including employees who work directly with clients
  - c. I am in an executive role, leading the organisation
  - d. I work in an administrative role
  - e. Other; please specify: \_\_\_\_\_
5. How long have you been in your current role?
  - a. 1 month-5 months
  - b. 6-11 months
  - c. 1 year-2 years
  - d. 2-4 years
  - e. 5+ years

Commercial-in-confidence

6. Please describe the location in which you work
  - a. Metropolitan
  - b. Regional
  - c. Rural
  - d. Remote
  - e. State wide

### Section 6: Implementing agency background questions

7. Which agency do you work for?
  - a. DPC
  - b. PSC
  - c. DCYJMA
  - d. DCHDE
  - e. DJAG
  - f. Department of State Development, Infrastructure, Local Government and Planning
  - g. DOE
  - h. DESBT
  - i. Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
  - j. QH
  - k. QPS
  - l. QCS
  - m. Queensland Treasury
  - n. Other (please specify)
8. Please describe the role that best represents you:
  - a. I work directly with clients (i.e., case manager, counsellor, victims and perpetrators)
  - b. I support the delivery of a DFV service, including those who work directly with clients
  - c. I am in a policy role
  - d. I am in an executive role, leading the organisation
  - e. I work in an administrative role
  - f. Other; please specify: \_\_\_\_\_
9. What is your current role within the agency? Please note that the selections are based upon DPC's capability framework, please select the role most appropriate to your role in your agency.
  - a. Graduate (AO3 to AO4)
  - b. Mid-level (AO5 to AO6)
  - c. Seniors (AO7 to AO8)
  - d. Executive (SO and above)
  - e. Other
10. How long have you been in your current role?
  - o Drop-down box with month and year
11. Please describe the location in which you work. Respondent can choose more than one option:
  - a. Remote areas
  - b. Regional areas
  - c. Outer metropolitan areas
  - d. Metropolitan areas
  - e. State-wide
  - f. Other

# Appendix D

## DFV engagement and communication campaigns in 2020-21

### D.1. Engagement and communication

#### D.1.1. Overview of case study

In 2016, the Queensland Government released the Domestic and Family Violence Prevention Engagement and Communication Strategy (2016-2026), a 10-year strategy to change attitudes and behaviours toward DFV. The development of the Engagement and Communication Strategy was a direct response to recommendation 18 of the “Not Now, Not Ever Report”, which was provided by the Special Taskforce on Domestic and Family Violence in Queensland (Queensland Taskforce). It aims to shift societal attitudes around DFV through increasing awareness and to create positive behavioural change across Queensland, culminating in Queenslanders taking a zero-tolerance approach to domestic and family violence.

A key mechanism through which the Engagement and Communication Strategy impacts attitudes and behaviours in Queensland is its delivery of targeted campaigns. This case study will consider four campaigns that were delivered during the implementation of the Third Action Plan:

1. COVID-19 and DFV Awareness Campaign 2020
2. DFV (Revised) Help Seeking Campaign 2020-21
3. DFV General Awareness (Non-Physical) Campaign 2021
4. Impacts of DFV Against People with Disability Campaign 2022

The Queensland Government commissioned an independent social research agency, Enhance Research, to conduct independent evaluations of the first three campaigns and a baseline report for the fourth.<sup>66</sup> This case study highlights report findings in four key areas:

- The awareness and understanding of DFV in Queensland, including its prevalence and seriousness
- DFV attitudes and interventions, with a particular focus on Queenslanders’ confidence to intervene, sources of information and confidence in support services
- The ability of the campaigns to create awareness, call Queenslanders to action and exert influence
- The experience of marginalised people, including those with a disability.

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<sup>66</sup> The Impacts of DFV Against People with Disability Campaign 2022 evaluation has not yet been commenced. Instead, the Queensland Government has commissioned Enhance Research to write a baseline report that reveals the public’s attitudes and perceptions, sources of information, advice and support, and likelihood of intervention in relation to DFV against people with disability.

### D.1.2. Lines of enquiry

This case study seeks to answer several key research questions. The questions are aligned to the framework used by The Strategy and the Third Action Plan Review:

- **Supporting Outcome 1:** Queenslanders take a zero-tolerance approach to domestic and family violence.
- **Supporting Outcome 2 (EQ2):** Respectful relationships and nonviolent behaviour are embedded in our community.

The overarching research questions are:

1. What are the current levels of understanding and awareness of DFV within Queensland?
2. To what extent are Queenslanders likely to take action in response to DFV?
3. To what extent has communication campaigns achieved their objectives?
4. What are the recommended areas of focus for future communication campaigns?

### D.1.3. Data sources

The development of this case study has been informed by a review of the following secondary data sources:

- Enhance Research (October 2020). *COVID-19 and Domestic and Family Violence Awareness Campaign Evaluation*, Enhance Research, Brisbane, Australia.
- Enhance Research (March 2021). *Domestic and Family Violence Help Seeking 2020-2021 Campaign Evaluation. Research Report*, Enhance Research, Brisbane, Australia.
- Enhance Research (July 2021). *Domestic and Family Violence General Awareness (Non-Physical) Campaign 2021 Evaluation*, Enhance Research, Brisbane, Australia.
- Enhance Research (December 2021). *Impacts of Domestic and Family Violence Against People with Disability*, Enhance Research, Brisbane, Australia.

### D.1.4. The Domestic and Family Violence Prevention Engagement and Communication Strategy

The DFV Prevention Engagement and Communication Strategy (2016-2026) was developed to shift attitudes and behaviours toward DFV, a foundational step to ending DFV in Queensland. The Engagement and Communication Strategy had five key objectives:

1. **Government sponsorship:** Position the Queensland Government as a facilitator of the strategic relationships that will drive cultural change at a public level.
2. **Knowledge of our target audience:** Understand the target audience and their driving factors that will bring about change.
3. **Activation of champions:** Proactively engage with key community leaders to encourage genuine partnerships and create momentum for them to champion change.
4. **Building on extensive initiatives:** Maximise the opportunity to integrate across existing campaigns and programs that complete the picture.
5. **Bipartisanship:** Build flexibility and robustness within the structure to ensure scalability and longevity across the life of The Strategy.

These objectives served to inform the development of the communication and engagement approach, and to ensure consistent messaging, channels and tools across all Queensland communities. The following guiding principles were developed to support the implementation of the Engagement and Communication Strategy:

Table D.1 Guiding principles of the Engagement and Communication Strategy (2016-2026)

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1. Domestic and family violence is not acceptable.	2. Domestic and family violence is everyone's concern and ending it is everyone's responsibility.
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3. Denigration and disrespect of women is not acceptable.	4. Community leaders and groups can champion and drive change.
5. All Queenslanders deserve to be equally valued and respected regardless of age, gender, identity, culture, religion, education, impairment, health, or race.	6. Practical solutions are required to support victims and perpetrators.
7. All Queenslanders have the right to live in respectful, supportive and safe relationships and to feel safe and secure in their homes.	8. Educating children and young people is key to achieving generational change in behaviour.
9. The safety of victims is paramount.	10. Perpetrators will be held to account for their actions.

Source: Queensland Government, *Summary of the Engagement and Communication Strategy 2016-2026*.

There were two main components of the Engagement and Communication Strategy – community campaigns (e.g., the DFV Help Seeking Campaign) and other engagement activities, such as the development of White Ribbon Day videos. The community campaigns aim to communicate the guiding principles listed above to Queenslanders and primarily use ads on platforms like social media and the radio. This case study exclusively considers communication campaigns enacted under the Third Action Plan. Further information on these campaigns is provided in the table below.

Table D.2 Initiatives within scope of the Engagement and Communication Strategy for 2020-2022

Major campaigns	Description	Campaign objectives
COVID-19 and DFV Awareness Campaign 2020	<p>This campaign was launched in May 2020 to ensure critical safety messaging was reaching those impacted by DFV during the COVID-19 pandemic, including available support services.</p> <p>It was run on radio, Spotify, search advertising, social media and digital platforms until the end of September 2020.</p>	<ul style="list-style-type: none"> <li>• Raise awareness and understanding of DFV, including during the COVID-19 pandemic.</li> <li>• Assist and raise awareness of support services who were operating throughout the COVID-19 pandemic.</li> <li>• Raise awareness of where, when and how Queenslanders can access help and support, particularly, if service providers need to adjust their delivery mode to align with new COVID-19 regulations.</li> <li>• Raise awareness of personal safety tips to practise through isolation if you do not feel safe in your own home.</li> <li>• Ensure clear understanding of the exemptions to the home confinement directive relevant to the experience of DFV.</li> </ul>
DFV Help Seeking Campaign 2020-2021	<p>This campaign aimed to support Queenslanders over the 2020-2021 summer holiday season, which is a time when DFV usually increases. It targeted all Queenslanders affected by DFV and aimed to inform them of available support services. It also worked to educate family members, friends and others on how to</p>	<ul style="list-style-type: none"> <li>• Maintain high visibility of help and support services</li> <li>• Maintain awareness and understanding of DFV (with a focus on nonphysical abuse).</li> </ul>

Major campaigns	Description	Campaign objectives
	provide support safely. It was run on radio, Spotify, search advertising, social media and digital platforms.	
DFV General Awareness (Non-Physical) Campaign 2021	This campaign was delivered to help Queenslanders identify all forms of domestic and family violence, including financial abuse, social abuse, isolation, or use of technology to torment. It was rolled out from May to July 2021 across digital advertising channels, social media and Google Search advertising, as well as in GP practices and Aboriginal and Torres Strait Islander Health Networks across the state.	<ul style="list-style-type: none"> <li>• Maintain awareness and understanding of DFV in Queensland</li> <li>• Increase understanding of the seriousness of nonphysical forms of DFV</li> <li>• Increase understanding of nonphysical forms of abuse that contribute to DFV</li> <li>• Maintain high visibility of help and support services</li> </ul>
Impacts of DFV Against People with Disability Campaign 2022	This campaign will be implemented in 2022. The 2021 Enhance Research report summarised in this case study was commissioned to establish a baseline for Impacts of DFV Against People with Disability Campaign 2022.	<ul style="list-style-type: none"> <li>• Raise community awareness of the additional risks and impacts of domestic and family violence against people with disability</li> <li>• Increase community understanding of the different forms of domestic and family violence against people with disability, including unique and additional forms of abuse that can be experienced by this cohort</li> <li>• Increase general community awareness of available help and support options for persons with disability experiencing domestic and family violence</li> <li>• Promote the human rights, independence of and supported decision making by people with disability to prevent harm and continuously improve quality service responses.</li> </ul>

Source: Enhance Research campaign reports– COVID-19 and DFV Awareness Campaign Evaluation, DFV Help Seeking Campaign Evaluation, DFV General Awareness (Non-Physical) Evaluation and the Impacts of DFV Against People with Disability Campaign 2021 Research Report.

#### D.1.5. Enhance Research reports

This case study utilises four Enhance Research reports, each of which evaluates or conducts a baseline review of a communication campaign. The methodology and research objectives of the four reports are outlined below.

Table D.3 Enhance Research reports on community campaigns 2020-2022

Reports	Methodology	Research objectives
COVID-19 and DFV Awareness	An online quantitative survey was conducted from 24 September to 4 October 2020 using the Dynata online panel. The sample	<ul style="list-style-type: none"> <li>• Evaluate the perceived impacts of the COVID-19 pandemic on DFV within Queensland</li> </ul>



Campaign 2020	includes the general adult population and 109 youths (ages 13 to 17). Data was weighted by age, gender and region, based on population statistics from the Australian Bureau of Statistics 2016 Census data.	<ul style="list-style-type: none"> <li>• Gauge the flow on effects of the availability and logistics around seeking help and support</li> </ul>
	Results compared to previous campaign reports, including Help Seeking (May 2020), Always On (2019) and Bystanders Campaign Evaluations (2018 and 2017).	
DFV Help Seeking Campaign 2020-2021	An online quantitative survey was conducted from 15 February to 1 March 2021 using the Dynata online panel. The sample includes the general adult population and 111 youths (ages 13 to 17). Data was weighted by age, gender and region, based on population statistics from the Australian Bureau of Statistics 2016 Census data.	<ul style="list-style-type: none"> <li>• Evaluate effectiveness of the campaign against the campaign objectives relating to recall of services, understanding of nonphysical forms of abusive behaviours as being DFV and actions taken because of this campaign among the various target audiences</li> <li>• Measure performance of supporting stakeholder engagement and communication activity.</li> </ul>
	Results were also compared, where possible, to previous campaign reports.	
DFV General Awareness (Non-Physical) Campaign 2021	An online quantitative survey was conducted from 23 June 2021 to 5 July 2021 using the Dynata online panel. Main sample includes the general adult population and 100 youths (ages 13 to 17). Data was weighted by age, gender and region, based on population statistics from the Australian Bureau of Statistics 2016 Census data.	<ul style="list-style-type: none"> <li>• Evaluate the effectiveness of the campaign against the campaign objectives relating to recall of services, understanding of nonphysical forms of abusive behaviours as being DFV and actions taken as a result of this campaign among various target audiences.</li> </ul>
	Results were also compared, where possible, to previous campaign reports.	
Impacts of DFV Against People with Disability Campaign 2021	An online quantitative survey was conducted from 27 September 2021 to 5 November 2021 using the Dynata online panel. Data was weighted by age, gender and region, based on population statistics from the Australian Bureau of Statistics 2016 Census data.	<ul style="list-style-type: none"> <li>• Establish clear benchmarks against the campaign objectives in order to support the future evaluation of the campaign performance against its objectives.</li> </ul>
	Results compared to the previous campaign report – General Awareness (Nonphysical) campaign.	

Source: Enhance Research campaign reports– COVID-19 and DFV Awareness Campaign Evaluation, DFV Help Seeking Campaign Evaluation, DFV General Awareness (Non-Physical) Evaluation and the Impacts of DFV Against People with Disability Campaign Research Report.

#### D.1.6. Limitations

This case study heavily relied on the Enhance Research reports. There are some aspects to the design of those evaluations that should be considered when interpreting its results:

- First, the reports did not measure how successful the campaigns were at achieving their aims against predetermined benchmarks, like a Key Performance Index. Instead, they reported the proportion of survey respondents who responded favourably to questions relating to the

objectives. For example, for the objective of raising awareness of DFV and the support services available, the reports referenced a survey question asking if Queenslanders felt that the campaigns had increased their understanding. As such, it is difficult to determine how successful the campaigns were (e.g., did they meet or exceed their predetermined targets?).

- Second, the findings of the reports were based exclusively on a self-reported quantitative survey. Self-reporting is often subject to bias as individuals can find it difficult to recall the past accurately and may report the more socially desired answer over the truth. As a result, some survey results may be biased. For example, when asked if they took action in response to the communication campaigns, Queenslanders may have viewed 'yes' as the socially desirable answer and overrepresented any action they took.

Another limitation associated with this case study is that the Impacts of DFV Against People with Disability Report is a benchmark report as opposed to an evaluation. This means that there is no information on the extent to which this specific campaign has impacted the level public awareness of DFV among people with disability.

## D.2. Case study findings

### D.2.1. Research question one: What are the current levels of understanding and awareness of DFV within Queensland?

The four Enhance Research reports capture perceptions of the prevalence and perpetrators of DFV in Queensland. They provide the following key insights on the current levels of understanding and awareness of DFV among Queenslanders:

**DFV is perceived to be common.** Approximately, half (47 to 54%) of surveyed Queenslanders believe that physical and nonphysical DFV are *reasonably common* or *very common* in Queensland. While this is a concerning statistic, it is consistent with other sources on the prevalence of DFV, with approximately 1 in 6 Australian women, and 1 in 16 Australian men having experienced physical or sexual violence from a current or former partner.<sup>67</sup> Further, 1 in 4 Australian women and 1 in 6 Australian men have experienced emotional abuse from a current or former partner.<sup>68</sup>

**The closer to home, the less common Queenslanders perceive DFV to be.** Fewer Queenslanders believe DFV to be *reasonably common* or *very common* in their local community (between 36 to 47%), than in Queensland (47 to 54%) or Australia (52 to 59%). This finding was consistent across the state and indicates a bias toward believing that DFV is a problem outside of one's own community. According to the Enhance Research evaluation, people often believe that DFV is more prevalent in other places because they want to reduce their perceived risk and are emotionally attached to their own communities. Further action needs to be taken to highlight that DFV is present everywhere, including in individuals' own neighbourhoods.<sup>69</sup>

#### **Nonphysical DFV is perceived to be slightly more common than physical DFV.**

Queenslanders are, on average, 5.6% equally or more likely to say that nonphysical DFV is *reasonably common* or *very common* than physical DFV. This finding contrasts with recent QSS survey results, which found that Queenslanders are more likely to perceive physical actions as forms of DFV in comparison to nonphysical forms, such as psychological abuse, harassment and

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<sup>67</sup> QH, *Understanding Domestic and Family Violence* (February 2020)

<[https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0025/952072/1\\_Understanding-DFV-Booklet.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/952072/1_Understanding-DFV-Booklet.pdf)>.

<sup>68</sup> QH, *Understanding Domestic and Family Violence* (February 2020)

<[https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0025/952072/1\\_Understanding-DFV-Booklet.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/952072/1_Understanding-DFV-Booklet.pdf)>.

<sup>69</sup> Note: The report didn't specify whether DFV against people with disability is perceived to be less common because there are fewer people with disability relative to the general population or because rates of DFV are perceived to be lower for people with disability.

financial control. This may reflect differences in how the questions were asked or sample size (for example, the QSS 2020 sample size was 3,366, which is substantially higher than these four campaigns' sample size).

**DFV against people with disability is perceived to be less common** (see 0). For example, 31% of Queenslanders believe that physical DFV against people with disability is *reasonably common* or *very common* in Queensland compared to the 47 to 54% who believe physical DFV against the broader community is *reasonably common* or *very common* in Queensland. However, in actuality, people with disability are more likely to experience DFV and other forms of violence. 40% of women with disability have experienced physical violence after the age of 15, compared to 26% of women without disability, and 9 in 10 women with intellectual disability have experienced sexual abuse.<sup>70</sup> Much of this violence is experienced in a domestic or family setting. Hence, the Impacts of DFV Against People with Disability Campaign baseline report identifies scope to raise awareness of the extent to which people with disability experience DFV; and the different types of DFV that they typically experience.

Chart D.1 Perceived prevalence and perpetrator statistics for wider community and people with disability



Source: The wider community statistics are a midpoint of the findings contained in the following three Enhance Research evaluations – COVID-19 and DFV Awareness Campaign Evaluation, DFV Help Seeking Campaign Evaluation and DFV General Awareness (Non-Physical) Evaluation. Statistics related to people with disability come from the Enhance Research report – The Impacts of DFV Against People with Disability Campaign Research Report.

**Even though men are more likely to be perpetrators of DFV, there were mixed views among Queenslanders on whether men are more likely than women to commit DFV.**

A little over half (54 to 55%) of Queenslanders believe that *physical* DFV is committed by men more than women (e.g., mostly by men or almost always by men). Less than a third (26 to 31%) of Queenslanders believe *nonphysical* DFV is committed by men more than women. Women were only slightly more likely to believe that DFV is committed by men more than women – in September 2020, women were 4% more likely than men to believe that DFV is committed mostly by men. According to the Enhance Research reports, belief that DFV is committed equally between the sexes is increasing.

<sup>70</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 'Alarming rates of family, domestic, and sexual violence of women and girls with disability to be examined in hearing,' (12 October 2021) <<https://disability.royalcommission.gov.au/news-and-media/medi-releases/alarming-rates-of-family-domestic-and-sexual-violence-women-and-girls-disability-be-examined-hearingy>>.

However, in reality, a majority of the perpetrators of all forms of DFV are men. Approximately, 75% of victim survivors of DFV report the perpetrator as male, while only 25% report the perpetrator as female.<sup>71</sup> Those with male perpetrators are more likely to be hospitalised and severely injured.<sup>72</sup> This suggests that future campaigns should better address the gendered components of DFV.

### **D.2.2. Research question two: To what extent are Queenslanders likely to take action in response to DFV?**

According to the three Enhance Research reports, there are three key factors affecting whether individuals are likely to act in response to DFV:

1. Confidence in identifying DFV
2. Attitudes toward DFV
3. Knowledge of support services available.

After all, if an individual can confidently identify DFV, believes that DFV is everyone's responsibility and has sufficient knowledge on the support services available, then they are much more likely to be able to act in response to DFV. Enhance Research found that most Queenslanders could recognise DFV, perceived DFV to be everyone's responsibility and knew of some support services available.

### **D.2.3. Confidence in identifying DFV**

When presented with a list of DFV behaviours, Enhance Research found that most Queenslanders could identify DFV and believed it to be serious, increasing the likelihood that they would act in response to witnessing it. However, this may reflect a primed response, whereby individuals were more likely to agree that the behaviours were DFV when grouped together in a DFV survey than they would be to recognise the behaviours as DFV in other contexts.

**Enhance Research found that most people understand the key behaviours that are considered to be DFV.** Almost all DFV behaviours presented were recognised as DFV behaviour by more than 4 out of 5 people (see Chart D.2).

### **Acts or threats of physical violence are the most easily recognised DFV behaviours.**

Nonphysical DFV behaviours – particularly those which involve coercion, control, or verbal abuse – are less likely to be identified as a form of DFV. For example, 85 to 90% of people recognise that *Slapping, pushing, or restraining another to cause harm or fear* is a form of DFV, but only 78 to 85% of people believe that *Repeatedly monitoring another's messages, calls and personal accounts* is considered to be DFV (see Chart D.2).

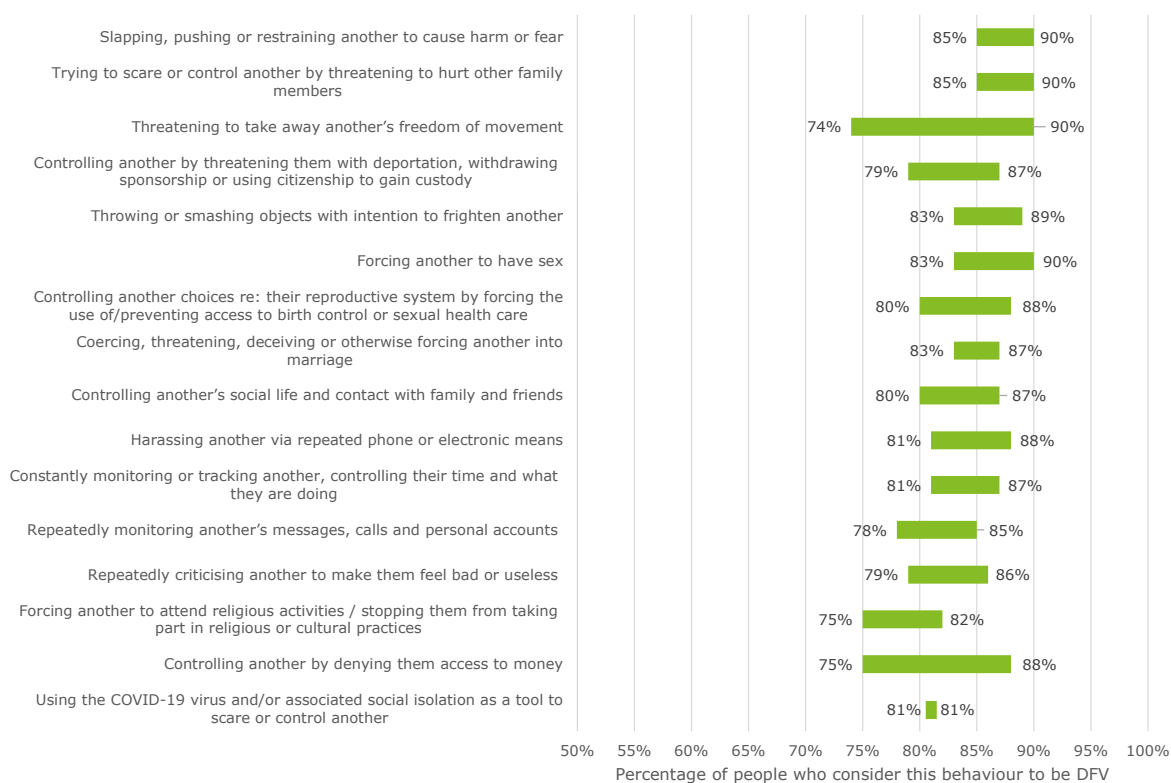
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<sup>71</sup> Australian Institute of Health and Welfare, *Family, domestic, and sexual violence in Australia 2018* (28 February 2018) <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/summary>.

<sup>72</sup> Australian Institute of Health and Welfare, *Family, domestic, and sexual violence in Australia 2018* (28 February 2018) <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/summary>.

Commercial-in-confidence

Chart D.2 What constitutes as DFV?



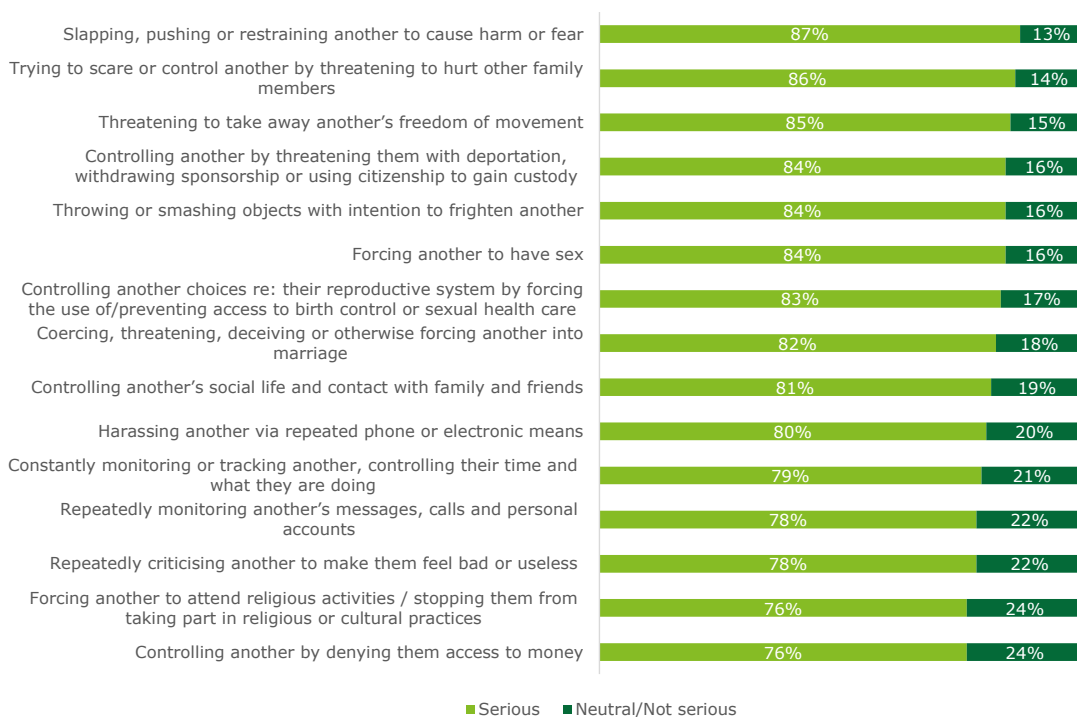
Source: The COVID-19 and DFV Awareness Campaign 2020, DFV Help Seeking Campaign 2020-21 and the DFV General Awareness (Non-Physical) Campaign.

Note: The green bars capture the range of percentages recorded across the three surveys from minimum to maximum.

**Acts or threats of physical violence are considered more serious than nonphysical DFV behaviours.** The top three behaviours considered serious are all acts or threats of physical violence, while the bottom three are all nonphysical acts involving excess control and verbal abuse (see Chart D.3).

## Commercial-in-confidence

Chart D.3 How serious are these actions?



Source: Domestic and Family Violence General Awareness (Non-Physical) Campaign 2021 Evaluation by Enhance Research

**Queenslanders are more confident that they could identify physical abuse than other forms of abuse.** More than two in five people (41 to 49%) are very confident that they could identify physical abuse, significantly more than all other forms of abuse, including emotional/psychological abuse (31 to 35%), sexual abuse (24 to 31%), or financial abuse (22 to 27%).

### D.2.3.1. Attitudes toward DFV

Enhance Research found that most Queenslanders are confident that DFV is a public issue that should be addressed by all, they could talk to their family and friends about DFV and that they could find the necessary assistance for someone experiencing DFV. Queenslanders with these beliefs are more likely to take action to respond to instances of DFV. However, many Queenslanders lack confidence in the general public and believe that DFV support services are insufficient, suggesting that there remain some barriers to taking effective action to counter DFV.

**Most Queenslanders believe that everyone has a role in addressing DFV.** 78 to 81% of survey respondents agree that *addressing DFV is everyone's responsibility*. Further, 58 to 65% of those surveyed disagreed with the statement *DFV is a private matter to be handled within the family*.

**Two thirds of people are comfortable talking to their friends and family about DFV.** 61 to 67% of people surveyed agreed that they would be comfortable talking to their friends about DFV and 62 to 66% would be comfortable talking to their family.

**Queenslanders are unsure if they alone would be able to help someone experiencing DFV, but are confident that they could get assistance.** Only half of the people surveyed are confident that they could offer the right kind of help to someone experiencing DFV, but between 61 to 66% agree that they could find a person or service who could.

**However, Queenslanders generally lack confidence that the broader community are able to support those who experience DFV.** Only 27 to 29% of Queenslanders surveyed disagree with the statement *most people turn a blind eye to or ignore DFV if they see or hear it*. **Some also**

**perceive there to be insufficient DFV support services.** 33 to 42% of Queenslanders believe that there are enough support services available for physical and nonphysical (30 to 38%) DFV.

#### **D.2.4. Knowledge of support services available**

While Queenslanders are aware of support services they can turn to, there is a lack of awareness of DFV-specific services available, limiting the support that can be accessed.

**The most well-known sources of information, advice and support for DFV are Lifeline, triple zero and the local police station.** When asked what DFV support services are available, most adults surveyed listed Lifeline (66 to 78%), triple zero (61 to 72%) and the local police station (53 to 63%). Just over half of adult Queensland residents are also aware that their local GP or other health professionals can serve as a source of information, advise and support with DV.

**Awareness of DFV-specific information services is lower than general emergency services and helplines.** For example, only 37 to 46% of adults surveyed are aware of 1800 RESPECT, a key DFV-specific information service. Similarly, half as many adults know about the DFV-specific service DVConnect Womensline/Mensline as are aware of Lifeline, a general mental health hotline. This suggests that future campaigns should focus on raising the public awareness of DFV-specific help services to ensure that victim survivors of DFV can turn to specialised supports.

#### **D.2.5. Research question three: To what extent have the communication campaigns achieved their campaign objectives?**

According to Enhance Research, there are four key determinants of whether the communication campaigns achieved their campaign objectives:

1. Campaign awareness: The campaign's level of exposure.
2. Campaign diagnostics: Overall sentiment toward the campaign.
3. Campaign call to action: The campaign's impact on individuals' actions.
4. Campaign influence: The campaign's influence on the knowledge and understanding of individuals (as dictated by the campaign objectives outlined in Chart D.2).

The section summarises report findings for the following campaigns: COVID-19 and DFV Awareness Campaign 2020, DFV Help Seeking Campaign 2020-21 and DFV General Awareness (Non-Physical) Campaign 2021. The Enhance Research reports did not measure impact against predetermined benchmarks.

##### **D.2.5.1. Campaign awareness**

Enhance Research found that many adult Queenslanders could recall each individual campaign once prompted, though exact percentages varied across the three campaigns. The key media platforms through which Queenslanders witnessed the ads were YouTube, Facebook and/or radio.

**The DFV Help Seeking Campaign 2020-21 had the greatest exposure with nearly half (47%) of adult Queenslanders recalling the ads.** Comparatively, 34% of adults could recall the COVID-19 and DFV Awareness Campaign 2020 and 20% of adults recalled the DFV General Awareness (Non-Physical) Campaign 2021. The Enhance Research reports did not explain what contributes to this variation – perhaps it could be the result of differences in campaign delivery or in the target cohort (see Chart D.2).

**Most adults saw the campaign ads on YouTube, Facebook and/or radio.** These media platforms had the strongest channel recall when compared to other channels, including Instagram, Spotify and SnapChat. For example, adults were significantly more likely to have seen the COVID-19 and DFV Awareness Campaign 2020 on radio (36%), YouTube (31%), or Facebook (30%) than on Instagram (10%), Spotify (9%) or SnapChat (6%).

**YouTube, Instagram, SnapChat and Spotify recall was particularly high for those aged between 13 and 17.** Young people were more likely to recall seeing campaigns on these channels than adults. For example, young people aged 13 to 17 were 21% more likely to recall the COVID-19 and DFV Awareness Campaign 2020 from YouTube and Spotify than adults.



#### **D.2.5.2. Campaign diagnostics**

**The overall sentiment toward the campaigns and their ads was positive.** Most adults who could recall the campaign ads viewed them as important (82 to 88%), easy to understand (84 to 88%) and believable (81 to 85%).

#### **D.2.5.3. Campaign call to action**

According to Enhance Research, most people who were exposed to the campaigns self-reported taking direct action as a result, though exact percentages varied by individual campaign. However, self-reporting is often subject to bias as people may report the more socially desired answer over the truth, as such, people may have overrepresented the action they took because of the campaign.

**The communication campaigns encouraged most people who could recall them to take action.** 55 to 77% of adults and 66 to 83% of young who saw one or more of the ads self-reported that they took some form of direct action because of the campaigns. The most common actions taken include talking about the advertising or DFV in general with family or friends, interacting with social media about DFV, visiting the Queensland Government website for more information, searching online for further information or contacting a DFV helpline, such as DVConnect.

**However, the proportion of adults and young people who took direct action varied by individual campaign.** For example, only 55% of adults and 66% of young people self-reported taking direct action because they saw an ad from the COVID-19 and DFV Awareness Campaign 2020. This proportion was lower than other campaigns – including the DFV Help Seeking Campaign 2020-21 (77% of adults; 72% of youth) and the DFV General Awareness (Non-Physical) Campaign (75% of adults; 83% of youth). There is limited information to understand the key drivers that contributed to this variation – it may reflect differences in the way the campaigns were delivered or the target cohort of communication campaigns (see Chart D.2).

#### **D.2.5.4. Campaign influence**

Campaign influence can be evaluated based on the objectives of the campaign itself. These objectives are outlined earlier in this report in 0. Overall, Enhance Research found that most people who could recall the campaigns believed that they had increased their understanding of DFV, the optimal responses to DFV and the support services available.

**Most people who could recall the campaigns believed that the ads increased their awareness and understanding of DFV.** 75-82% of adults who saw a campaign advertisement believed that it was effective in helping people understand the different types of DFV. This was particularly high (82%) for the DFV General Awareness (Non-Physical) Campaign 2021, suggesting it was successful in achieving its goal of **raising understanding of nonphysical DFV**.

Further, most adults who could recall the advertisements agreed that the campaigns taught them something new (54-74%) and provided tools and knowledge to identify DFV (64-76%). The DFV General Awareness (Non-Physical) Campaign 2021 had the highest rates of agreement – 74% of adults who witness the campaign ads believed they learnt something new and 76% gained access to the tools and knowledge needed to identify DFV.

**The campaigns also raised awareness of the optimal responses to DFV and the support services available.** Approximately, three quarters of adults who saw at least one advertisement agreed that the campaign advertisements raised their understanding of what to do should they identify a DFV situation (71-81%) and the support services available to people experiencing DFV (75-78%).

**The DFV General Awareness (Non-Physical) Campaign 2021 also made progress in increasing the seriousness with which people viewed nonphysical DFV** – A key campaign objective (see Chart D.2). For example, Queenslanders were 7% more likely to consider *Constantly monitoring or tracking another, controlling their time and what they are doing* to be serious and a form of DFV after the campaign (in July 2021) than before it (February 2021).



There was comparatively limited information on the extent to which the COVID-19 and DFV Awareness Campaign 2020 successfully raised awareness of personal safety tips to practice in isolation or ensured a clear understanding of the exemptions to the home confinement directive relevant to the experience of DFV – its other two campaign objectives (see Chart D.2).

#### **D.2.6. Research question four: How does DFV awareness differ by demographics? How can future campaigns be tailored to and designed for different demographic groups?**

As part of their evaluations, Enhance Research analysed survey responses by specific demographic characteristics – age, gender, whether a person identifies as LGBTQIA+, is an Aboriginal and Torres Strait Islander or has a disability. On average, young people and marginalised groups, like LGBTQIA+ people, have lower levels of DFV understanding. To reach these groups, campaigns should increase their representation in advertisements and tailor messages to their unique experiences. Below we summarise the findings for these groups reported by Enhance Research.

##### **D.2.6.1. Young people**

**Young people consistently report lower levels of DFV understanding.** In September 2020, young adults aged 18 to 34 were significantly less likely to view certain DFV behaviours as serious, including *Repeatedly monitoring another's messages, calls and personal accounts* (85% compared to 91% of adults aged 55 and over) and *Repeatedly criticising another to make them feel bad or useless* (84% compared to 91% of adults aged 55 and over). Young people were also more likely to agree that *Domestic and family violence is a private matter to be handled within the family* compared to adults aged 55 and over. Further, young people are less knowledgeable about support services. On average, youth aged 13 to 17 are 15% less likely than adults to be aware of common DFV services, such as Lifeline, Triple zero, or DVConnect Womensline/Mensline (excluding the Kids Helpline).

**Young people are more impacted by communication campaigns than adults.** For example, young Queenslanders (aged 13 to 17) who could recall the Domestic and Family Violence Help Seeking 2020-21 Campaign were more likely to believe that the ads taught them something new and inspired them to seek further assistance on how to intervene than comparable adults. Two in five youth spoke to their family or friends about the ads or DFV more generally, compared to only one in four adults. Moreover, youth were more likely to agree that exposure to the campaign made them more aware of the different types of DFV and increased their intention to intervene. Moving forward, **future campaigns that target young people should focus on foundational DFV knowledge and utilise social media platforms they frequent.** As young people have comparatively less knowledge on DFV compared to adults, campaign ads should continue to cover key messages, including that there are many forms of DFV and that DFV is not a private matter. Further, ads should be primarily run on platforms frequently used by young people, including YouTube, Instagram, SnapChat and Spotify.

##### **D.2.6.2. LGBTQIA+ people**

**LGBTQIA+ people report lower levels of knowledge about DFV and the support services available.** Enhance Research's Domestic and Family Help Seeking 2020-2021 Campaign Evaluation found that LGBTQIA+ have lower levels of knowledge of DFV, less confidence that they can identify DFV and less awareness of potential sources of information, advice and support for DFV. Further, from May 2020 to February 2021, the understanding of DFV behaviours amongst this group declined significantly, suggesting that the knowledge gap has continued to persist over time.

**To target LGBTQIA+ people directly, future communication campaigns will need to improve LGBTQIA+ representation in advertisements and address their unique marginalisation.** While there is little population-wide data available on the prevalence of DFV in LGBTQIA+ communities, small-scale surveys have found rates of DFV on par or above those of the cisgender heterosexual population.<sup>73</sup> The heteronormative view that intimate partner violence is

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<sup>73</sup> Monica Campo and Sarah Tayton, 'Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities,' *Australian Institute of Family Studies* (December 2015) <<https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-resource-dv-lgbti-2020.pdf>>.

perpetrated exclusively by cisgender males against cisgender females often prevents LGBTQIA+ victim survivors from understanding their experience of DFV.<sup>74</sup> Further, LGBTQIA+ people are less likely to access DFV support services than the general population because they fear that providers will invalidate their experience, will not be aware of the specific issues of they face and may discriminate against them.<sup>75</sup> To increase LGBTQIA+ people's understanding of DFV and the support services available, future communication campaigns should debunk the heteronormative view of DFV, depict LGBTQIA+ relationships and assure LGBTQIA+ people that service providers will know the unique barriers they face and treat them with respect.

#### **D.2.6.3. Aboriginal and Torres Strait Islander peoples**

**Aboriginal and Torres Strait Islander peoples report less understanding about DFV and the support services available.** Enhance Research's Domestic and Family Help Seeking 2020-2021 Campaign Evaluation found the DFV understanding of Aboriginal and Torres Strait Islander peoples is lower than the general population and declined considerably from May 2020 to February 2021.

**To reach Aboriginal and Torres Strait communities, campaigns will need to improve their First Nations representation in advertisements and ensure that the messaging is culturally appropriate.** Aboriginal and Torres Strait Islander women are 35 times more likely to experience DFV and 31 times more likely to be hospitalised due to DFV-related assaults than non-Indigenous Australian women.<sup>76</sup> However, Aboriginal and Torres Strait Islander peoples remain distrustful of government messaging due to colonisation, ongoing trauma from their displacement from traditional lands, the state-sanctioned removal of children from Indigenous families, and their negative relationship with the criminal justice system.<sup>77</sup> To communicate effectively with Aboriginal and Torres Strait Islander communities, campaigns can make an active effort to include them in advertisements and adopt the Department of Prime Minister and Cabinet recommendations, including the use Aboriginal and Torres Strait Islander voices, a mix of mainstream and Indigenous media channels and clear language.<sup>78</sup>

#### **D.2.6.4. Educating the public about the DFV experiences of marginalised populations especially people with disability**

**Future campaigns can also educate the general population about the DFV experienced by marginalised groups, including those with a disability.** The general population has limited understanding of the DFV experience of people with disability. As discussed in Research question 1, Queenslanders are at least 16% less likely to believe that physical DFV against people with disability is *reasonably common* or *very common* in Queensland compared to DFV against the broader community. However, in reality, people with disability are at a significantly higher risk of DFV and face a host of unique forms of DFV such as a partner threatening and harming an assistance animal (e.g., guide dogs), withholding medication, or taking away mobile communication aids.<sup>79</sup> This lack of public understanding of DFV against people with disability makes it difficult for the general population to identify instances of abuse. The proportion of people who are confident in identifying abuse against people with disability is approximately half of what is observed for DFV in the general population. If the public cannot identify DFV against people with

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<sup>74</sup> Shannon Stuart, 'Domestic violence in rainbow families,' *University of Queensland* (2019) <<https://stories.uq.edu.au/small-change/domestic-violence-in-rainbow-families/index.html>>.

<sup>75</sup> Maya Shwayder, 'A Same-Sex Domestic Violence Epidemic Is Silent,' *The Atlantic* (6 November 2013) <https://www.theatlantic.com/health/archive/2013/11/a-same-sex-domestic-violence-epidemic-is-silent/281131/>.

<sup>76</sup> Angela Spinney and Kyllie Cripps, 'FactCheck Q&A: are Indigenous women 34-80 times more likely than average to experience violence,' *The Conversation*, (4 July 2016) < <https://theconversation.com/factcheck-qanda-are-indigenous-women-34-80-times-more-likely-than-average-to-experience-violence-61809>>.

<sup>77</sup> Sigrid Herring, Jo Spangaro, Marlene Lauw and Lorna McNamara, 'The intersection of trauma, racism, and cultural competence in effective work with Aboriginal people: Waiting for trust,' *Australian Social Work* (March 2013), 66(1), 104-117.

<sup>78</sup> Department of the Prime Minister and Cabinet (2016). *Communicating with Aboriginal and Torres Strait Islander audiences*. Canberra: Department of the Prime Minister and Cabinet.

<sup>79</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 'Alarming rates of family, domestic and sexual violence of women and girls with disability to be examined in hearing,' (12 October 2021) <<https://disability.royalcommission.gov.au/news-and-media/medi-releases/alarming-rates-of-family-domestic-and-sexual-violence-women-and-girls-disability-be-examined-hearingy>>.

disability or other marginalised groups, then they are unable to direct support services to victim survivors or intervene. Hence, the upcoming Impacts of DFV Against People with Disability Campaign is a step in the right direction and should be the beginning of efforts to educate the broader public on the DFV experience of marginalised communities.

### **D.2.7. Conclusion**

While Enhance Research did not measure how successful the campaigns were achieving their aims against objective benchmarks, they did report the proportion of survey respondents who responded favourably to questions relating to the campaign objectives. From their reporting it is evident that the campaigns raised public understanding of DFV and the support services available, and inspired people to act – two key campaign objectives (see Table 1.2). These campaigns have contributed to the goal of a zero-tolerance approach to DFV, a goal which requires public awareness and action.

Further, the Enhance Research reports also found that:

- The individual communication campaigns reached between 20 to 47% of all Queenslanders.
- They received a positive response from most people and were viewed as important (82 to 88%), easy to understand (84 to 88%) and believable (81 to 85%).
- 75 to 82% of adults who saw a campaign advertisement believed that it was effective in helping people understand the different types of DFV, including forms of nonphysical DFV.
- 55 to 77% of individuals who saw the campaign ads acted as a result.

However, the level of reach and impact of the three campaigns varied. This may reflect differences in the way the campaigns were delivered or the target cohort of communication campaign (see Chart D.2).

There remain gaps in knowledge, including around the local prevalence of DFV, the traits of perpetrators, DFV-specific support services and the DFV experience of marginalised groups. For example, Queenslanders are far less likely to believe DFV is common in their local community than in their state or country, reflecting a bias toward thinking that DFV is not 'close to home.'

Moving forward, the Queensland Government should focus on addressing these gaps in knowledge and awareness. It should also take a step further to not only recognise the seriousness of DFV, but to teach the public how specifically they should respond to witnessing DFV. There is also a need to increase community involvement in DFV prevention initiatives – given the inaccurate perception that DFV occurs outside one's own community. Further, the Government should consider educating the public on the unique experiences of DFV faced by LGBTQIA+ people, Aboriginal and Torres Strait Islander peoples and other minority groups.

# Appendix E

## Respectful relationships education in primary schools

### E.1. Overview of case study

This case study reviews findings from a pilot evaluation undertaken by Our Watch (in 10 Queensland primary schools and eight Victorian primary schools) to evaluate the implementation of a whole-of-school approach to respectful relationships education in primary school settings.

**Respectful relationships education** challenges people's personal positioning; their assumptions; and their beliefs about gender roles and stereotypes, social norms and relations. It adjusts processes and structures that determine how schools operate and the opportunities available to their staff, students and families to promote and role model respectful relationships and gender equality.

The Respectful Relationships Education in Primary Schools Pilot trialled the implementation of a whole-of-school approach to respectful relationships education to address **gender-based violence** which includes a wide range of behaviours such as dating violence, physical and sexual violence, image-based abuse and sexual harassment. Violence against women is the most common form of gender-based violence in Australia and is typically perpetrated by a current or former intimate, male partner. Domestic and family violence is a subset of gender-based violence, which the pilot aims to address, though notably this pilot aimed to address drivers of gender-based violence broadly rather than specifically domestic and family violence.

The pilot sought to evaluate the use of a **whole-of-school approach** to respectful relationships education in a primary school setting. A whole of school approach to respectful relationship education understands that schools are not only education settings, but also workplaces and community hubs. It, therefore, involves engaging not just students, but school staff, families and the wider school community in the process of cultural change and undertaking actions across the school in an ongoing, coordinated and mutually reinforcing way. Prior to this pilot, Our Watch had piloted and evaluated implementation of a whole-of-school approach to respectful relationships only in secondary school settings.

The pilot emerged from a partnership between the Queensland DOE, the Victorian DOE and Training, and Our Watch, an independent not-for-profit organisation, to pilot and evaluate a whole-of-school approach to respectful relationships education in primary school settings. It was conducted between July 2017 and December 2018 in 10 primary schools in the Southeast region of Queensland and eight primary schools in Victoria. The focus of the pilot was on implementing and evaluating a whole-of-school approach to respectful relationships education that aims to prevent gender-based violence, focusing on Years 1 and 2. This pilot was undertaken concurrently in Queensland and Victoria.

The pilot's evaluation focused on three questions:

- What was the impact of the pilot (outcomes for students, schools and parents)?
- What is the capacity of primary schools to deliver a whole-of-school approach to respectful relationships education?
- What are the considerations for scaling-up and systematisation of a whole-of-school approach to respectful relationships education for the prevention of gender-based violence?

In order to conduct the evaluation, the following data collection activities were undertaken by Our Watch:

- Teaching and nonteaching school staff culture surveys (pre- and post-pilot, all 10 Queensland and eight Victorian schools)
- Building Respectful Relationships Student Survey (pre- and post-pilot; two case study schools only)
- Focus groups with school leadership and staff (case study schools only)
- Classroom observations (case study schools only)
- Stakeholder interviews with Our Watch staff and Queensland and Victorian education department representatives
- Parent survey (two case study schools only)
- Professional learning evaluation surveys (teachers and school leadership, all 18 schools)
- Collection of case studies to illustrate instances of change in schools.

This case study utilises findings from the Our Watch evaluation to answer four key research questions, as outlined in the following section.

## E.2. Lines of enquiry

This case study seeks to answer several key research questions. These have been formulated and are aligned to one of the supporting outcomes in The Strategy's Evaluation Framework:

- **Outcome Question 2 (SO2):** Are respectful relationships and nonviolent behaviour embedded in our community?

The four research questions for this case study are:

1. How has RRE been implemented in schools?
2. What were some emerging outcomes from the pilot?
3. What were the key enablers and barriers experienced through implementation of RRE curriculum in schools?
4. What are some key opportunities to strengthen respectful relationships education implementation?

## E.3. Data sources

This case study reviews documents related to the RRE in primary school pilot as well as the broader context of best practice in respectful relationship education delivery. They include:

- Our Watch (2021). *Respectful relationships education to prevent gender-based violence: Lessons from a multiyear pilot in primary schools.*
- Our Watch (2016). *Respectful relationships education in schools: the beginnings of change.*

### E.3.1. Limitations

- The publicly released Our Watch report referred to in this case study aggregated findings from both the 10 Queensland and eight Victorian primary schools. The key results for Queensland were released by DOE in a qualitative format; however, due to the non-specificity of these released findings, the case study summarises key findings from the publicly released Our Watch report.
- The pilot involved a limited sample of schools and focused on curriculum delivery to Years 1 and 2 students only. As pilot evaluations collected data from a small number of sites, findings should be interpreted with caution as they may not be reflective of implementation in all schools at a system-wide level.
- The Our Watch evaluation identified methodological challenges related to the complexity of reliably measuring attitudinal shifts among children. This was considered to be a general issue that is not confined to just the Our Watch Evaluation. A further challenge was recruitment barriers in gathering data from parents and families.
- There were also challenges related to demonstrating impact within the short pilot time frame of 16 months. It is estimated that it would take approximately six to 10 years to start observing measurable changes against the drivers of gender-based violence once quality

prevention programs are in place.<sup>80</sup> In the context of this pilot, it is expected that reports of discriminatory behaviour in schools increases in the near term as children who have experienced gender-based violence become more confident and comfortable to do so. The reduction or elimination of these behaviours altogether are considered to be longer term impacts.<sup>81</sup>

## E.4. Case study findings

### E.4.1. Research question one: How has RRE been implemented in schools?

#### E.4.1.1. About respectful relationships education in Queensland

Respectful relationships education (RRE) is a broad term used to describe the holistic approach to school-based, primary prevention of gender-based violence. It is a primary prevention strategy aimed at impacting behaviour change to prevent gender-based violence, and it does this by using the education system as a catalyst for generational and cultural change by engaging schools - as both education institutes and workplaces - to comprehensively address the drivers of gender-based violence and create a future free from such violence.<sup>82</sup> Domestic and family violence is one form of gender-based violence.

In Queensland state schools, in addition to delivering RRE either through the Australian Curriculum: Health and Physical Education or through school pastoral care programs, the DOE has also developed the Respectful Relationships Education Program (RREP) to further support schools, as part of the multi-departmental approach to ending DFV. The Queensland DOE's RREP is:

- For Prep to Year 12 and is aligned to the Australian Curriculum. It is available to all Queensland state and nonstate schools.
- Focused on addressing the underlying drivers of gender-based violence by challenging attitudes about violence and gender construction and enabling students to develop behaviours leading to equitable and respectful relationships. In 2021, 35.6% of Queensland state schools reported offering the Queensland DOE's RREP.<sup>83</sup> The Queensland pilot used materials from Queensland's RREP and from the Victorian Resilience, Rights and Respectful Relationships' teaching and learning materials.

Because the pilot used a version of DOE's RREP, which was augmented by elements of the Victorian Resilience, Rights and Respectful Relationships materials, findings cannot be directly attributable to the Queensland RREP.

#### E.4.1.2. About the Respectful Relationships Education in Primary Schools Pilot

The pilot introduced a whole-of-school approach to RRE across 18 primary schools in Queensland and Victoria. The whole-of-school approach to primary prevention recognises that school culture is as important as classroom-based learning in addressing the drivers of gender-based violence. Further, the gendered approach taken within the program engaged students by keeping gender roles, norms and relations at the centre of content discussed. Activities undertaken as part of the pilot's whole-of-school approach are illustrated in Figure E.1.

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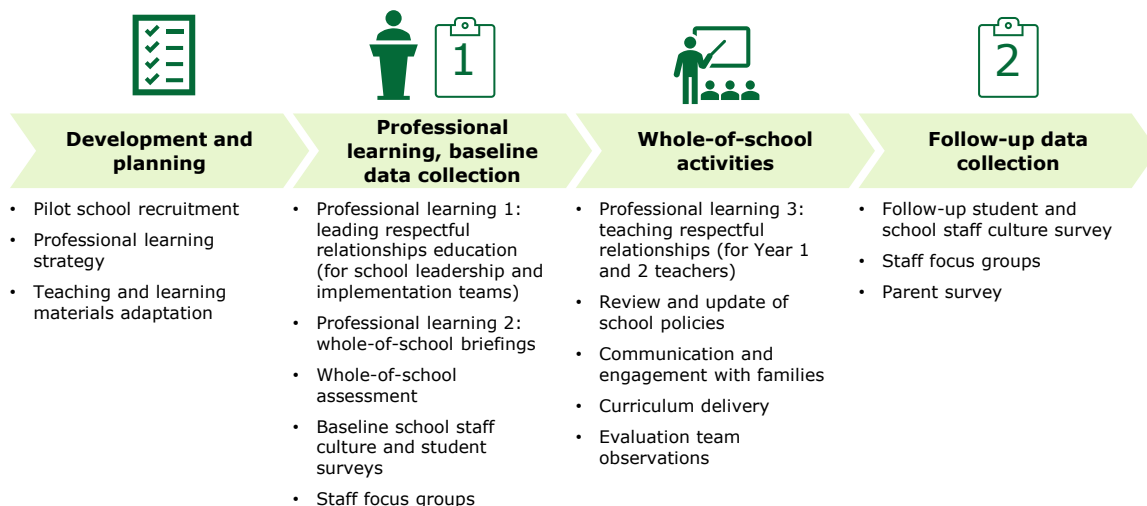
<sup>80</sup> Our Watch. (2017a). Counting on change: A guide to prevention monitoring. Melbourne: Our Watch. Retrieved from <https://www.ourwatch.org.au/resource/counting-on-change-a-guideto-prevention-monitoring>.

<sup>81</sup> Our Watch (2016). *Respectful Relationships Education in Schools: The Beginnings of Change*.

<sup>82</sup> Our Watch (2021) Respectful Relationships education to prevent gender-based violence: Lessons from a multi-year pilot in primary schools, Our Watch, Melbourne, Australia.

<sup>83</sup> Deloitte Access Economics using DOE provided data.

Figure E.1 Overview of RRE primary school pilot (2017-18)

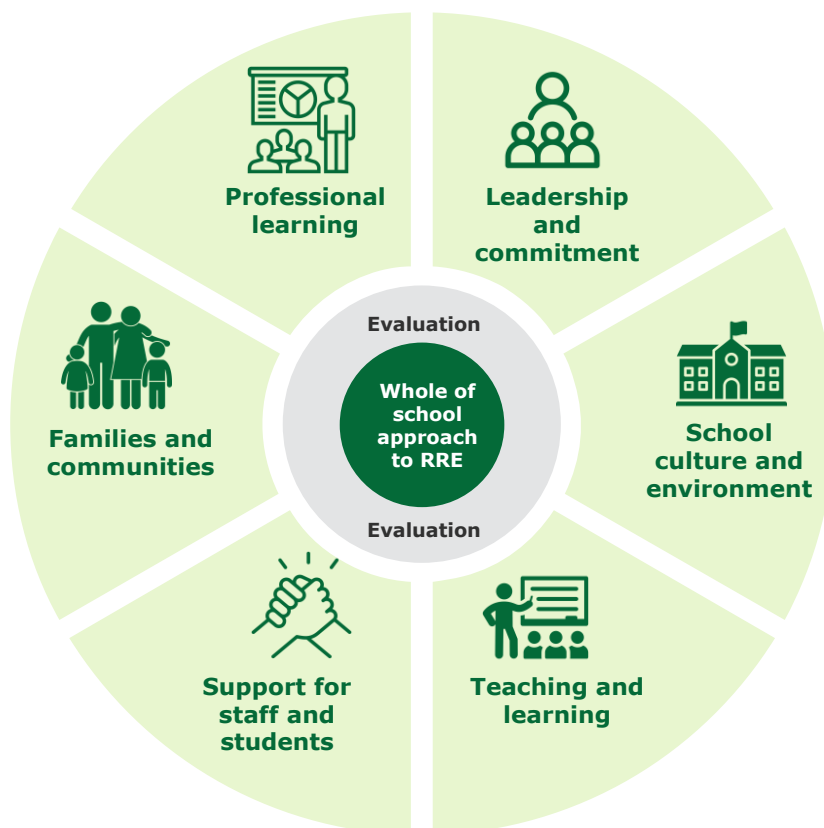


Source: Our Watch (2020)

**E.4.1.3. Our Watch RRE Toolkit**

The pilot utilised the Our Watch RRE Toolkit, which provides step-by-step guidance on how a whole-of-school approach to implementing RRE can be undertaken. The toolkit was developed as part of Our Watch’s previous secondary schools RRE pilot, undertaken in Victoria to examine and build the evidence base regarding implementing a whole-of-school approach to RRE (Our Watch, 2016). The toolkit outlines six elements that comprise the whole-of-school approach to RRE. These are illustrated in Figure E.2.

Figure E.2 Elements of whole-of-school approach to RRE



Source: Our Watch (2020)



The toolkit provides implementation plans and suggested actions for each of these components. For example, auditing current policies and processes and assessing school ethos, vision and values are actions under school culture and environment. The key elements of the toolkit include:

- **Leadership and commitment.** School leaders are an integral part of establishing and influencing the school culture through positive messaging, active modelling, promoting gender equality and respect and setting standards for acceptable behaviours for staff and students. Leadership staff participated in the 'Leading Respectful Relationships' professional learning.
- **School culture and environment.** Positive school culture is an indicator of readiness to implement the initiative more broadly. School culture surveys were disseminated before and after the pilot to gauge staff perceptions on school culture, particularly in relation to respectful relationships education, gender equality and work/ life balance. Further, the auditing of current school policies and processes was undertaken using a whole-of-school approach.
- **Teaching and learning through curriculum instruction.** Years 1 and 2 students were given 10 hours of curriculum instruction as part of the pilot program. Curriculum delivery was focused on Years 1 and 2, since they are not considered transition years and do not conflict with the National Assessment Program – Literacy and Numeracy. The eight pilot schools in Victoria utilised the Victorian Resilience, Rights and Respectful Relationships teaching and learning materials. In Queensland, the 10 pilot schools utilised curriculum resources drawn from the Queensland DOE's RREP augmented by elements of the Victorian Resilience, Rights and Respectful Relationships materials. Pilot materials were tailored to be age-appropriate for Years 1 and 2. Topics included examining gender roles and stereotypes, such as what jobs, toys and activities students considered suitable for boys and/or girls.
- **Support for staff and students.** Using a whole-of-school approach, the importance of schools being able to respond to disclosures of DFV made by staff, students and families was recognised. Schools were encouraged to liaise with external DFV and other community agencies and services for support and training in this respect.
- **Support for families and children.** The level of parent engagement to reinforce messages regarding respect and equality varied between schools. The Our Watch RRE Toolkit outlined possible communication strategies for providing information to families about RRE; however, implementation was at the school's discretion. The two Queensland case study schools implemented information nights, awareness days and newsletters to inform their parent community about RRE.
- **Professional learning.** A professional learning strategy was developed and implemented in the primary schools that the pilot was run in. Support was provided by the Our Watch project officer. The pilot professional learning strategy adopted a multitiered approach where staff received different levels of professional learning. For example, Years 1 and 2 teachers completed two days of training on teaching respectful relationships, whilst eight hours of training was delivered to school leadership teams on leading RRE. All staff attended a one-hour whole-of-school briefing about the pilot, gender-based violence and responding to disclosures. The aim of the professional learning was to support staff with understanding how RRE can prevent gender-based violence and how RRE in schools, that uses a whole-of-school approach can produce positive cultural change.

#### **E.4.1.4. Core elements of effective respectful relationships education**

Our Watch has identified seven core elements required for effective respectful relationships education (see Figure E.3). These elements should be considered in the future implementation of respectful relationships education programs.



Figure E.3 Seven core elements of effective respectful relationships education



Source: Our Watch (2016)

#### **E.4.2. Research question two: What were some emerging outcomes from the pilot?**

The Our Watch evaluation aimed to gather evidence on the impact of RRE across norms, practices, and structures relating to gender-based violence. The impact of the pilot is measured through an assessment of student, school and parent outcomes. The following subsections summarises key findings on the extent to which the pilot contributed to:

- Changes in children’s attitude toward gender stereotypes
- Improvement in teachers’ and principals’ capacity to deliver respectful relationships education
- Changes in school culture
- Increased parent support toward respectful relationships education as a central part of the education system

##### **E.4.2.1. Changes in children’s attitude toward gender stereotypes**

The Our Watch evaluation found that teaching age-appropriate gendered content to students in Years 1 and 2 correlated with improvements in gendered attitudes, which became less stereotypical by the end of the pilot.

Specifically, a survey of 202 students prior to engaging in RRE and 217 students after undertaking RRE showed a statistically significant change in the proportion of stereotypical responses related to which genders should perform traditionally masculine and feminine jobs and activities. The Our Watch evaluation found that girls and boys in Years 1 and 2 were:

- Less likely to consider traditionally masculine jobs and activities as only for boys
- Less likely to consider traditionally feminine jobs and activities as only for girls
- More flexible about which gender should do traditionally masculine and feminine jobs and activities.

These changes demonstrate improvement in children’s understanding of rigid gender roles and stereotyped constructions of masculinity and femininity, which is an underlying driver of gender-based violence.

Some students who participated in interviews as part of the Our Watch evaluation indicated that the RRE enhanced their self-reported wellbeing at school, for example by making them feel more comfortable coming to school. However, the Our Watch evaluation found that this sentiment should be further explored and validated as part of subsequent scale-up of the program.

#### **E.4.2.2. Improvement in teachers' and principals' capacity to deliver respectful relationships education**

The pilot used a multitiered professional learning strategy to equip school staff with the skills to implement RRE. The Our Watch evaluation provides examples of the training provided to one unspecified state included in the trial as follows:

- The most intensive training was developed for Year 1 and 2 teachers who participated in a two-day program to equip them with the skills to confidently delivered curriculum materials and understand the drivers of gender-based violence
- The schools' leadership teams participated in two four-hour sessions
- All school staff (teaching and nonteaching) were delivered a 30-to-60-minute briefing on the pilot.

The Our Watch evaluation found that these programs were effective in equipping staff with the necessary skills to implement the program. 90% (n=18) of Years 1 and 2 teachers reported that the program gave them the greater confidence to deliver the teaching and learning component of the whole-of-school approach, and 100% (n=20) felt they were more able to apply a gender lens to the Australian curriculum. A similar impact was found to have occurred among leadership staff who undertook the leadership team training, with 89% (n=17) felt more confident in their knowledge of how they could contribute to prevention of violence against women.

Evidence from the Our Watch evaluation suggests the pilot had a limited impact on staff's capacity to deliver RRE. Before and after the pilot, staff were surveyed on their capacity to understand, teach and integrate RRE; however, there was only found to be a small, but statistically significant increase (p=0.042) in understanding of respectful relationships among staff in one state. Otherwise, there was no statistically significant evidence of changes by these criteria across staff in schools in both states.

#### **E.4.2.3. Changes in school culture**

The Our Watch evaluation identified that the impact of RRE on school culture is expected to occur over a longer time period than the pilot's duration. All schools included in the pilot already demonstrated positive school cultures prior to participation, and surveys of school staff suggested that schools were committed to implementing RRE. Further, there was evidence during the Our Watch evaluation the program helped teachers to acknowledge and address their own subconscious biases. For example, in an interview conducted during the Our Watch evaluation, a teacher acknowledged their acceptance of boys occasionally fighting with each other during lunchtime and the biases they harbour in doing so. This is evidence of the types of self-reflection that the program generated and provides an indication of a mechanism through which RRE could generate change in teacher behaviour and, therefore, school culture.

However, even with this initial commitment, program implementation faced resistance from some teachers. This suggests that even schools with positive pre-existing cultures face challenges in RRE implementation due to resistance from some existing staff. It should be noted that challenges to gender stereotypes and societal structures that support gender inequality are often met with resistance, so this is not an unexpected finding.

Parents are also an important part of school culture. Interviews with staff at the case study schools highlighted the importance of engaging with parents and families in the implementation of RRE, given that parents could either assist in reinforcing messages delivered in schools or be a source of resistance. The Our Watch evaluation also suggested that parents are indeed interested in learning more about RRE and viewed RRE as supporting students' social and emotional development. However, due to a low sample size, these survey results should be considered with caution.

#### **E.4.3. Research question three: What were the key enablers and barriers experienced through implementation of RRE curriculum in schools?**

The Our Watch evaluation identified a host of barriers and enablers to implementation success. Enablers include the following:

- School readiness and commitment
- Explicit teaching of age-appropriate, gendered content challenges gender constructs

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- Professional learning
- Flexibility in delivery using a place-based approach.

Conversely, barriers for RRE implementation that uses a whole-of-school approach were identified to include the following:

- The capacity of schools to deliver a whole-of-school approach to RRE.
- Staff perceptions of challenges to gender stereotypes and societal structures.
- Community and media perceptions of RRE.

## **Enablers**

### **E.4.3.1. School readiness and commitment**

School readiness and commitment was found to be a key enabler to the implementation of a whole-of-school approach to RRE. The pilot was run on an opt-in basis, meaning that leadership at schools in the pilot were already both willing and prepared to commit to the whole-of-school implementation of RRE. This enabler was further established through baseline school staff culture survey results where all participating schools exhibited cultures that were receptive and open to gender equity. Additionally, in some participating schools, a positive relationship was found to exist between a commitment to delivering RRE and the perceived need for RRE to be taught. In these ways, at the leadership, staff and community levels, school readiness has been established as an enabler for schools to deliver RRE. The Our Watch evaluation did not compare these results to nonparticipating schools.

### **E.4.3.2. Explicit teaching of age-appropriate, gendered content challenges gender constructs**

In the pilot, challenging attitudes about gender equality was explicitly examined in the classroom. Materials examined this through topics such as jobs or toys and their suitability for men or women, boys and girls. Here, it was found that the explicit teaching of age-appropriate, gendered content in Years 1 and 2 was correlated with improvements to students' gendered attitudes. Additionally, one state was required to adapt curriculum, teaching and learning materials for participating Years 1 and 2 primary school students in this pilot, suggesting that tailoring materials may be beneficial for implementing RRE.

Notably, evidence demonstrates that respectful relationships education, as a primary prevention initiative, is most effective when it includes teaching that supports students in understanding and critically analysing gender roles, norms and relations in age-appropriate ways.<sup>84</sup> The Australian Curriculum as a framework for levels Prep to Year 10 in all Australian schools authorises schools to implement respectful relationships education. However, while the Australian Curriculum can be a useful resource, it does not explicitly contain a 'how to' on respectful relationships education, nor does it provide any guidance on or requirement for taking a gendered approach to the content.

### **E.4.3.3. Professional learning**

Evidence from the Our Watch report suggested that professional learning undertaken by school leaders, implementation teams and teaching staff improved their confidence to deliver RRE. However, it was cited that the extension and provision of professional learning for all school staff in combination with a long-term commitment to the initiative was required for teacher confidence to progress. Commitment to and resourcing for professional development for all staff is required by state and territory jurisdictions to ensure a sustainable and effective professional learning strategy.

The Our Watch evaluation also found that engaging with external organisations and agencies would be helpful in supporting professional learning, including how to best respond to student's, staff's, and family's family violence disclosures and support student safety and well-being. This

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<sup>84</sup> Gleeson, C., Kearney, S., Leung, L., & Brislane, J. (2015). *Respectful Relationships Education in Schools: Evidence Paper*. Our Watch; UN Women. (2016). *Global guidance on addressing school-related gender-based violence*. UNESCO Publishing; UNESCO. (2015). *Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review*. UNESCO Publishing.

would involve the provision of guidance from experts in this area with schools undertaking a comprehensive self-assessment, planning, and review process for professional learning needs.

#### **E.4.3.4. Flexibility in delivery using a place-based approach**

The Our Watch evaluation also noted the importance of implementing respectful relationships programs in manners which are appropriate to the broader school community context. Conceptions of gender-based violence can vary by school, so schools and teachers should ensure their approach to RRE is appropriate to the school context and considers input from the school community.

Further, providing schools and teachers with flexibility in their delivery approach can help to ensure the program is better implemented (including the use of external providers if suitable), allowing it to be more effectively delivered by teachers and more appropriately target and address student needs. Notably, the pilot also suggests that classroom teachers, rather than external providers are well positioned to deliver RRE curriculum as it allows for ongoing conversations tailored to the students' developmental stage. Access to skilled departmental representatives to provide support across levels of delivery was recommended.

Interviews and data collected from the case study schools revealed that schools need support and guidance from a skilled DOE professional to implement a whole-of-school approach to RRE. Support is needed at both at a strategic level, through advocacy for resourcing and appropriate policies and guidance, and at ground level, through day-to-day support of schools' implementation needs.<sup>85</sup>

### **Barriers**

#### **E.4.3.5. The capacity of schools to deliver whole-of-school approaches to RRE**

The Our Watch evaluation noted that the delivery of a whole-of-school approach to RRE requires a long-term commitment to allow sufficient time for schools to build and strengthen all components of the approach (for example, ensuring that all staff have access to and given the opportunity to attend professional development to understand the evidence and background to RRE). This would inevitably create additional resourcing demands upon schools in terms of time and human resources. This may be a barrier to more widespread implementation of RRE as the level of staffing capacity would vary by individual schools.

#### **E.4.3.6. Staff perceptions of challenges to gender stereotypes and societal structures**

Feedback received throughout the Our Watch evaluation indicated that some staff exhibited biases that led to some resistance to, and misunderstandings about, gender roles and relations. While it was noted that these sentiments were not widespread, there was evidence to suggest that gendered assumptions among staff still existed in pilot schools. Building staff awareness of these gendered assumptions was found to be an important step in changing gendered attitudes, norms, and structures that drive gender-based violence.

#### **E.4.3.7. Community and media perceptions of the RRE**

Over the course of the pilot, there was some media coverage that generated debate around RRE at a local and national level. The Our Watch evaluation found that some of this coverage was misinformation, and that this could potentially undermine the implementation and take-up of respectful relationships education. The Our Watch evaluation proposed that, going forward, schools need to effectively communicate with families and carers to avoid misinformation being spread amongst the community and more broadly within the media. For example, education departments should develop a proactive and considered communication strategy with clear messages to share with internal and external stakeholders throughout the RRE journey.

### **E.4.4. Research question four: What are some key opportunities to strengthen respectful relationships education implementation?**

Aside from recognising the need to build on enablers and overcome barriers, the Our Watch evaluation identified a range of key considerations to strengthen the implementation and

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<sup>85</sup> It should be noted that stakeholder consultations undertaken by Deloitte Access Economics have suggested that this role is beginning to be filled by Principal Advisors who deliver specialised support for respectful relationships education on behalf of the DOE.

evaluation that uses a whole-of-school approach to RRE. These recommendations should be considered for the future implementation and evaluation of respectful relationships education delivery in Queensland. They include:

#### **E.4.4.1. Improving engagement with families and parents**

Families and parents are important stakeholders in RRE. The Our Watch Evaluation attempted to gather data through a survey from parents in schools in one state to examine their perceptions, attitudes, and understanding of RRE. However, there were too few responses to draw conclusions. The Our Watch Evaluation suggested that as part of long-term follow-up of the program, further family engagement is warranted to assist with the implementation of RRE in schools. Our Watch suggests that resources should be developed to engage parents on RRE implementation and a communication strategy to deliver clear messages at key points in the program. These engagements should take place not only at the beginning, but also on a consistent and ongoing basis.

#### **E.4.4.2. Utilisation of community partnerships**

The Our Watch evaluation found that within a whole-of-school approach, more attention needs to be focused on community partnerships, including strengthening links between schools and local community organisations to continue supporting the desired outcomes both within the school and community setting. For example, schools could increase engagement with relevant local organisations such as specialist violence response agencies. The Our Watch evaluation identified that there was scope for the education departments to play a supporting role in helping schools to engage with external providers who are appropriate for the program and local context.

#### **E.4.4.3. Broadening the evaluation scope**

The Our Watch evaluation found that RRE generates changes to attitudes in the participating pilot students in Years 1 and 2; however, while results were promising, future programs should be of greater scope. In particular, future RRE implementation should be evaluated over a longer time period to make a longer-term assessment of the effectiveness of the whole-of-school approach. Further, evaluation of a greater number of schools utilising a whole-of-school approach to RRE is recommended to ensure findings are externally valid. The Our Watch evaluation identified that this increased scope would generate more robust findings on the impact of RRE on school students.

#### **E.4.4.4. Considering RRE in conjunction with other gender-based violence primary prevention approaches**

The Our Watch evaluation lists broader prevention of violence against women work as a key opportunity for strengthening RRE implementation. Work undertaken by schools and education departments to shift violence-supportive attitudes, norms, and structures should ideally be complemented by work in the public service and broader community. The Our Watch evaluation recommended for government departments to implement strategies to address the drivers of violence that would reinforce RRE delivery in schools. For example, Our Watch recommends a whole-of-government program to deliver messaging to the community on the prevention of gender-based violence.

#### **E.4.5. Conclusion**

The pilot in Queensland and Victorian primary schools has generated initial evidence that a whole-of-school approach to implementing respectful relationships education in a primary school setting can be effective in changing attitudes amongst both staff and students, challenging gender stereotypes, and decreasing tolerance for gender discrimination. It has also provided a methodological foundation from which future evaluations of the Queensland DOE's RREP and other RRE teaching and learning materials can be assessed in the future.

Schools in this pilot embarked on an ambitious process of change, and despite the short implementation time frames, they generated positive outcomes among their students. The Our Watch evaluation demonstrated changes to students' attitudes towards gender stereotypes, providing support for the value and importance of a gendered approach to respectful relationships education teaching and learning materials.

However, it is important to note that the 18 pilot schools already displayed very positive school cultures and existing commitment to respectful relationships education prior to the pilot. Baseline

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school staff survey culture also indicated that all participating schools had cultures that were receptive and open to undertake work to address gender-based violence in their school environment. These factors served as key enabling factors to a successful implementation of respectful relationships education.

To scale this action to more primary schools, there needs to be consideration of ensuring that the key enabling factors related to school culture need to be in place prior to implementation. The experience of undertaking a whole-of-school approach to respectful relationships education is a complex and intensive process for schools. To support implementation, schools require:

1. Professional development supports
2. Strong support from the broader community
3. Long-term commitment and resourcing from state and territory departments of education to support an evidence-based, whole of school approach to RRE

# Appendix F

## Domestic and Family Violence and Disability Plan

### F.1. Overview of case study

In May 2019, the Queensland Government released *Queensland's plan to respond to domestic and family violence against people with disability* (the "Plan"). The Plan was developed in response to recommendation 10 of the *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* report (the "Not Now, Not Ever report"), which was provided by the Special Taskforce on Domestic and Family Violence in Queensland ("Queensland Taskforce"). It aims to improve DFV awareness, understanding and support for people with disability. In doing so, the Plan recognises that the intersecting disadvantage experienced by people with disability dramatically increases their risk of experiencing DFV. In fact, people with disability are 2.6 times more likely than people without disability to have experienced physical and/or sexual violence from an intimate partner in the previous year.<sup>86</sup>

To assist people with disability experiencing DFV, the Plan focuses on driving improvements to relevant services, systems and data. It has four key focus areas (pillars), each of which have priority and supporting initiatives:

1. Raising awareness
2. Building sector capacity and capability
3. Implementing practical responses
4. Building the evidence.

The DJAG is working with a range of other agencies to implement the Plan and assist people with disability affected by DFV. These agencies include QH, the DHCDE, the QPS and the National Disability Insurance Scheme (NDIS).

### F.2. Lines of enquiry

This case study focuses specifically on one of the Review's questions:

- **Equity Question:** To what extent has progress been made to address equity priorities for vulnerable groups?

The overarching research questions are:

1. How effective has the Plan been in raising awareness among service providers, and the general public of the DFV experiences of people with disability and the support services available?
2. To what extent has the Plan built DFV and disability service sector capacity and capability? How has this impacted service system responses?
3. How were the Plan's initiatives designed and implemented? Were diverse perspectives included in this process?
4. How has the Plan contributed to the evidence base on people with disability experiencing DFV?
5. What are the future areas of focus for continuing the progress of the Plan?

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<sup>86</sup> Centre of Research Excellence in Disability and Health, *Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia*, (16 March 2021) <<https://disability.royalcommission.gov.au/publications/research-report-nature-and-extent-violence-abuse-neglect-and-exploitation-against-people-disability-australia>>.



### **F.2.1. Data sources**

The DJAG commissioned Deloitte Access Economics (DAE), in partnership with Ipsos, the University of New South Wales (UNSW) and Flinders University, to conduct an evaluation of the Plan. In November 2021, three years after the Plan was released, the interim report, *Evaluation on Queensland's plan to respond to domestic and family violence against people with disability* (the "Evaluation") was delivered. It contains interim findings on how the implementation of the Plan has tracked against the four key focus areas described above. The final evaluation report for this evaluation will be delivered in June 2022; hence, it was not included in the case study.

This case study is based on the interim evaluation report:

- Deloitte Access Economics (26 November 2021) *Evaluation of Queensland's plan to respond to domestic and family violence against people with disability – Interim Report*.

### **F.2.2. Limitations**

Sveral limitations to this case study have been identified:

- First, the case study is based off an Interim Report and, as a result, reflects partial data collection. For example, only one of the three case studies included in the final report is examined in the Interim Report. Initiatives implemented since the Interim Report and improvements made in response to the Interim Report are not able to be captured by this case study.
- Second, the Plan and its associated initiatives are in the early years of the implementation time frame, restricting the outcomes and impacts that can be assessed in this case study. As many of these initiatives have large targets and involve intersecting forms of disadvantage, it is likely they will take many more years to materialise in full.
- Third, varying definitions of disability and inconsistent data gathering in the disability sector limited the ability of the Interim Report to use data to provide insights into the DFV experiences of people with disability. It is difficult to gain an understanding of the prevalence of DFV in the disability community because disability can be defined and identified in a multitude of ways. Similarly, a lack of established systems for data collection mean that it is hard to locate and collate data on the DFV experiences of people with disability.

As such, this case study focuses on short-term outcomes within a 12-month time horizon from the Plan commencement. DAE's initial assessment on these short-term outcomes can provide learnings and serve as a precursor to achievement of success in the upcoming years of the Plan.

## **F.3. Background**

### **F.3.1. Queensland's plan to respond to domestic and family violence against people with disability ("The Plan")**

The Plan is designed to respond to DFV against people with disability, a key measure in ending domestic violence in Queensland for all Queenslanders. It aims to engage people with lived experience of disability and address the following findings of the *Not Now, Not Ever* report:

- People with disability are subjected to DFV for significantly longer periods of time, experience multiple forms of violence, and have fewer pathways to safety and justice.
- People with disability seek support for similar reasons than other women do, but face additional barriers to safety, such as an intimate partner also being the carer and perpetrator, uninformed community attitudes, social isolation, a lack of education, work and employment opportunities and communication challenges.
- There is little information about the impact of DFV on people with disability and, as a result, there is insufficient information about the ability of the broader service system to meet their needs.

The Plan builds on the DFV reforms already underway in Queensland, through The Strategy, to raise awareness, enhance services and improve policy and practices across government. It drives improvements to services, systems and data in four key focus areas.



Table F.1 Summary of focus areas

Focus area	Initiatives	Outcomes	Links to The Strategy
1. Raising awareness	<p>This focus area is concerned with raising awareness among service providers and the public of the DFV experiences of people with disability and the support services available.</p> <p>Initiatives include:</p> <ul style="list-style-type: none"> <li>• Designing and implementing a communication and engagement response to raise awareness of DFV against people with disability</li> <li>• Increasing community advocacy services, particularly in regional and remote locations</li> <li>• Developing tailored workplace resources to raise awareness and improve capability to address DFV experienced by people with disability</li> </ul>	<p>Awareness is raised in Queenslanders of the additional risks and impact of domestic and family violence for people with disability and services available.</p> <p>Awareness is raised on strategies to reduce and prevent the incidence of domestic and family violence against people with disability.</p> <p>Promotion of the human rights; independence of, and supported decision making by, people with disability to prevent harm; and continuously improve quality service responses.</p>	<p><i>Foundational element 1: A significant shift in community attitudes and behaviours is required.</i></p> <p><i>Supporting outcomes: 1, 2, 3, 4, 5, 7</i></p>
2. Building sector capacity and capability	<p>This focus area is committed to increasing the capacity and capability of the DFV and disability sectors. It aims to ensure that people with disability experiencing DFV receive adequate support.</p> <p>The main initiative of this focus area is to close identified sector gaps for people with disability affected by DFV. This involves actions to:</p> <ul style="list-style-type: none"> <li>• Improve information available for people with disability affected by DFV.</li> <li>• Deliver training and workshops for women with disability around DFV.</li> <li>• Develop resources and deliver training across the DFV sector to help providers respond to people with disability.</li> <li>• Work with women with disability to guide the development of resources and policy.</li> <li>• Identify and pursue 'good practice' through conducting evaluation of the above resources.</li> </ul>	<p>Supports to people with disability impacted by domestic and family violence are improved, in particular to women with disability.</p> <p>Programs and initiatives to reduce and prevent domestic and family violence against people with disability are enhanced.</p>	<p><i>Foundational element 2: An integrated response system that delivers the services and provides the support that victims and perpetrators need.</i></p> <p><i>Supporting outcomes: 1, 2, 3, 4, 5, 7.</i></p>

Focus area	Initiatives	Outcomes	Links to The Strategy
3. Implementing practical responses	<p>This focus area is concerned with the implementation of practical responses that ensure people with disability impacted by DFV are well-supported and able to reach safety. It has a specific focus on marginalised communities like Aboriginal and Torres Strait Islander peoples.</p> <p>The key initiatives include:</p> <ul style="list-style-type: none"> <li>• Strengthening the capacity of the Gold Coast Domestic and Family Violence Taskforce trial.</li> <li>• Constructing two new crisis shelters in Caboolture and Gold Coast that can accommodate women with high-mobility needs.</li> <li>• Considering the specific needs of Aboriginal and Torres Strait Islander women with disability impacted by DFV in the implementation of Queensland's Framework for Action.</li> <li>• Continue to support the delivery of integrated DFV services for people with disability (e.g., working with the Queensland police).</li> </ul>	<p>Practical responses assist people with disability impacted by DFV violence to be safe and well supported and improve the understanding of the complexities that frontline QPS officers face when attending domestic and family violence incidents.</p>	<p><i>Foundational element 2: An integrated response system that delivers the services and provides the support that victims and perpetrators need.</i></p> <p><i>Foundational element 3: A stronger justice system response that will prioritise victim safety and hold perpetrators to account.</i></p> <p><i>Supporting outcomes: 1, 2, 3, 4, 5, 6, 7</i></p>
4. Building the evidence	<p>This focus area aims to increase the evidence base on the DFV experiences of people with disability.</p> <p>Initiatives include:</p> <ul style="list-style-type: none"> <li>• Mapping existing DFV data sets to identify opportunities to improve data collection about people with disability.</li> <li>• Design and implement an evaluation plan to track progress, identify data gaps and possible mechanisms for data collection, and report on progress.</li> <li>• Engage with research organisations to build the evidence base on 'what works' for people with disability impacted by DFV.</li> </ul>	<p>Improve understanding and awareness of the experiences of DFV on people with disability, including women with disability and children.</p> <p>Promote research and evaluation of the provision of support for people with disability who are impacted by DFV.</p>	<p><i>Foundational element 1: A significant shift in community attitudes and behaviours is required.</i></p> <p><i>Foundational element 3: A stronger justice system response will be strengthened to prioritise victim safety and hold perpetrators to account.</i></p> <p><i>Supporting outcomes: 1, 2, 3, 4, 6, 7</i></p>

Focus area	Initiatives	Outcomes	Links to The Strategy
	<ul style="list-style-type: none"> <li>Examine issues involved in gathering evidence to support civil and criminal responses to DFV for people with disability.</li> </ul>		

Source: Queensland Government, *Queensland's plan to respond to domestic and family violence against people with disability* (April 2019).

### F.3.2. The Evaluation

Signature Initiative 4.2 of the Plan required that design and implementation of the Plan be evaluated. This evaluation is being conducted by Deloitte Access Economics, in partnership with Ipsos, UNSW and Flinders University and on behalf of DJAG.

The objective of the Evaluation is to expand the evidence base regarding disability and DFV, and to develop better service responses to DFV against people with disability. The Evaluation utilises a mixed-method data approach, gathering data from a host of different qualitative and quantitative sources. This approach enhanced the validity of the Evaluation's findings by providing opportunities for testing alternative interpretations of the data and examining the extent to which context shaped the results. The inclusion of case studies aimed to bring clarity and contextual evidence to the Evaluation. The intention was not to provide a representative sample, rather it was to ensure the voices of victims, survivors and carers were captured by the Evaluation. It also provided insights of the level of collaboration between the Queensland community, business, government departments and other organisations.

The Evaluation utilised the primary and secondary data sources contained in Table 1.2.

Table F.2 Primary and secondary data sources

Primary data sources
<p>Selected semi-structured interviews (SSIs) with government and service provider stakeholders</p> <ul style="list-style-type: none"> <li>At the time of the Interim Report, three interviews had been completed. Three interviews remained.</li> </ul>
<p>Focus groups with the government, service providers and QPS</p> <ul style="list-style-type: none"> <li>At the time of the interim report, four focus groups had been completed and one focus group (with the Consultative Working Group – CWG) was outstanding.</li> </ul>
<p>Preliminary data from one of three case study sites (Caboolture). Two case study sites remaining (Mackay and Rockhampton).</p>
Secondary data sources
<p>Quantitative data was received from QPS, AIHW, DJAG, DV Connect and DCHDE. This data was focused on the experiences of the Plan by people with disability who have lived experience of DFV.</p>
<p>Qualitative data was received from QPS, DJAG, DPC, PSC, QH and the Department of Seniors Disability Services and Aboriginal and Torres Strait Islander Partnerships.</p>

Where necessary, short consultations with data custodians after data requests were issued. These consultations provided context to secondary data received and were used to discuss data specifications and formats.

Source: Deloitte Access Economics, *Evaluation of Queensland's plan to respond to domestic and family violence against people with disability* (26 November 2021).

## F.4. Case study findings

### F.4.1. Research question one: How effective has the Plan been in raising awareness among service providers and the general public of the DFV experiences of people with disability and support services available?

**The Interim Report indicated that while awareness of the DFV experiences of people with disability remained low throughout the sector and in the broader community, there are early signs of positive change.** The Interim Report found that awareness about the rights and needs of people with disability who experience DFV remained low overall. However, some stakeholders reported improvements across higher levels of governments, as they had observed more widespread awareness across high-level strategic planning across different government departments. Moreover, some service providers reported that their understanding of the priorities and needs of people with disability has improved in recent years. This was highlighted in the consultations and the Caboolture case study site where service providers, advocates and community leaders have an increasing recognition of the intersection of DFV and disability. Overwhelmingly stakeholders did not attribute this improvement to the Plan itself, but rather, to the initiative of local practitioners who identified knowledge gaps when supporting clients with disability and took steps to identify resources to improve their own understanding.

Service provider knowledge on how DFV impacts people with disability was considered to be inconsistent, with some providers noted for having deep expertise in the subject matter while others less so. Several stakeholders noted that a large portion of providers would not have the ability to identify and discuss disability with their clients due to a poor understanding of the concept of 'disability' and the complexities in how it can present. Stakeholders also raised the issue of how compounding factors of disadvantage can impact people with disability, particularly factors related to gender, sexuality, age and cultural status. Stakeholders called for greater awareness of these intersecting forms of marginalisation, as they estimated that most of their clients with disability faced an additional compounding factor.

"You really have to understand the core discriminatory drivers against people with disability more generally and how ingrained it is in a disability context and how accepted it is under the guise of protection. Whether it's an intimate partner, a carer or systemic – there's always that guise to allow systems, police, aged care, [etc.] to disassociate the human from the inherent rights that they have."

- Service provider

"In the DFV context... we need to [recognise] what domestic violence would look like with an aggrieved person or victim who has a disability. [There] are differences in the nuances with that particular person as opposed to what we generally consider DFV to look like. We need to be much better at that because of things we do not even think of."

- QPS Stakeholder

**Similarly, there continues to be insufficient awareness of the services and support available to people with disability experiencing DFV.** People with disability as often possess a wide range of needs and intersecting factors of disadvantage, which require multiple forms of support. Unfortunately, stakeholders in the Interim Report reported that service providers, QPS officers and disability support services remain largely uninformed on the types of services and support that can be accessed by people with disability experiencing DFV. This reflects that DFV and disability services have previously operated in silos with limited collaboration, preventing the delivery of a holistic response. Stakeholders also explained that due to a limited understanding of the DFV experiences of people with disability and of the concept of disability more generally, DFV

service providers are often unsure how they themselves can provide support to people with disability – such as by providing referrals or finding accessible accommodation.

**F.4.2. Research question two: To what extent has the Plan built DFV and disability service sector capacity and capability? How has this impacted service system responses?**

**Most of the improvements to capacity and capability identified were already underway according to the Interim Report.** Stakeholders identified many examples of improvements in training resources or capacity building, but did not attribute these changes to the Plan. Instead, they revealed that these improvements were opportunistic reactions to the individual creativity of practitioners, emerging funding opportunities or ad hoc relationship building.

“I’m not sure that we’ve improved the knowledge of our workforce since the Plan. Only because I don’t have anything to suggest that. I would point to building awareness at all stages and continuous improvement, but our [leader] talks about continuous improvement all the time.”

- QPS Stakeholder

**Stakeholders reported that local practitioners were driving collaboration and partnerships across the sector.** In meeting the complex needs of clients, local practitioners were building their own network out of necessity (due to a lack of an established framework for guiding collaborative practice). Stakeholders called for the Plan to directly acknowledge the importance of collaborative partnerships and the time it takes to develop such relationships among service providers and clients.

“Given the amount of time it takes to build rapport and a trusting relationship, it makes sense that you would build on those that already exists, that are healthy. [Our service] can be utilised as a bit of a conduit or a facilitator between the person experiencing the violence and the specialist service or agency whether it’s QPS or QH, etc. We can assist and educate others around how best to engage with them, but that all takes time.”

- Service provider

“We really have to build relationships with other service providers to get the best response. That takes time. There can be barriers [where there is] a lack of commitment and people who do not see it as their core business can be a real barrier to getting engagement with others.”

- Service provider

Specifically, stakeholders called for the Plan to:

- Materially recognise the importance of relationship building through allocating additional time and resources
- Provide clearer information on the range of support services available
- Facilitate an information-sharing channel from DFV specialists to the broader sector
- Prioritise sharing between the health and justice sectors (e.g., between general practitioners, social workers, and solicitors)

“When talking about avenues for reporting, I could not find anywhere in the plan that talks about the direct linkage between organisations like ours and the police, except for the capacity and data building aspect.”

- Legal and advocacy services provider

“In the funding you have to allow time to relationship building and maintenance. Often it does not have an output that is tangible, but it is about investing in those relationship where you do get those collaborative and creative solutions. It would be great if that could be reflected [in the Plan or its initiatives].”

- Service provider

While stakeholders called for supports for stronger referral pathways between services, several also suggested that it should not be the only response. Instead, the Plan should acknowledge and support other forms of collaborative practice, including flexible collaboration and information sharing pathways. People experiencing DFV will often not access referrals to services with whom they do not have an established relationship, due to the difficulty of retelling one's story and a lack of established trust. As such, to ensure that holistic support is offered to all people with disability experiencing DFV, it is essential that service providers can engage in flexible collaboration. For example, if a woman with disability needed immigration assistance to escape DFV, but their trusted provider was not experienced in the area, then that provider should be able to access a wider network of support.

"There are so many areas that we could work collaboratively with mutual clients without having to bring the clients into my service."

- Service provider

#### **F.4.3. Research question three: How were the Plan's initiatives designed and implemented? Were diverse perspectives included in this process?**

##### **Greater clarity around the Plan's initiatives and practical implications would have amplified its efforts to make large-scale change.**

While stakeholders were aware of the plan, they struggled to understand its practical implications. For example, they were not aware of any initiatives, commitments or measurable outcomes that would impact their daily practices. Stakeholders called for the Plan to establish clear expectations for each stakeholder across the sector, including time frames, mandatory data collection fields and measurable outcomes. They argued that clearer expectations could streamline elements of their practice, reducing the need to rely on informal networks and the time required to navigate disorderly systems.

"[It would be great to have] a framework that's really clear as to the expectations that all players have [in the sector] ... For us, unless we know someone in the local DV service, often we are not going to get a good response. If we had something that said 'this is who you ring, this is what you can expect and these are the types of services available' in a one-stop shop. I do not want to have to...spend two hours looking [for information across] three different systems for one person. If we had some sort of mutual understanding, it would prevent pushback."

- Service provider

"One of the big challenges that people confront... is police response. They really need to be trained and resourced to be able to respond because you can have the best campaigns about services available and raising awareness that domestic violence is not acceptable. It's also important that there is certainty that we're all going to be able to respond when people have that awareness raised when people realise, "Wow, I think that this might be domestic violence."

- Service provider

##### **Diverse perspectives were effectively included in the Plan's design and high-level implementation, but less so in its specific initiatives.**

Stakeholders identified many examples when CALD people and Aboriginal and Torres Strait Islander peoples were consulted in the design and implementation of the plan. For example, several Aboriginal and Torres Strait Islander peoples from the disability and DFV sectors were given CWG memberships, including those with lived experience of disability. Consultations with CALD people were also conducted across the public sector throughout the design and implementation phase to ensure a diverse array of perspectives were considered in the Plan.

However, only one initiative included in the Plan directly referenced diverse cultural groups. This initiative acknowledged the need for policy reform but only included a commitment to support Aboriginal and Torres Strait Islander women with a disability. Under this initiative, stakeholders worked with Aboriginal and Torres Strait Islander peoples with disability to provide advice on how to provide culturally appropriate assistance and referrals.

Stakeholders revealed that the upcoming plan to develop a Diversity and Inclusion statement under the Third Action Plan will provide an opportunity to better recognise the cultural diversity

and intersectionality of many people with disability. Further, secondary data showed that resources have been developed recently to strengthen this intersectional understanding amongst service providers including the DCHDE's training course on First Nations families, CALD women and women with disability (delivered in 2021-22).

More broadly, there also remains little understanding of how one's cultural background may provide an additional barrier to reporting disability. For example, in some cultures, disability may be poorly understood and interpreted negatively, causing individuals to be unaware they have a disability or purposely hide their disability from service providers. Stakeholders highlighted that this requires further investigation including the implementation of cultural competency training across the sector.

**While people with disability were considered in the design of the Plan and the implementation of some initiatives, more focus could be placed on creating codesign opportunities.** People with lived experience of disability were engaged in consultations during the design and implementation phase of the Plan. Through the CWG, 10 people with lived experience of disability and/or a direct connection to lived experience (e.g., a disability carer) were asked to provide input to the Queensland Government on the implementation of the Plan. They offered feedback on key deliverables implemented under the plan, including training resources and campaign materials. Further, people with disability also advised the DJAG and the Department of Seniors, Disability Services and Aboriginal Torres Strait Islander Partnerships on educational resources designed for initiatives under the Plan.

The relationship between people with disability and the Plan was largely consultative, where people with lived experience of disability provided feedback on resources that had already been developed. Some stakeholders noted that more could have been done to strengthen the involvement of people with disability with initiatives under the Plan, by providing opportunities for codesign of initiatives where possible.

#### **F.4.4. Research question 4: How has the Plan contributed to the evidence base on people with disability experiencing DFV?**

**Despite the Plan's efforts, data collection across the disability and DFV sectors continues to be limited and inconsistent.** Stakeholders consistently identified data collection as one of the biggest barriers to improving services responses for people with disability experiencing DFV. They argued that data collection is necessary to identify people with disability, advocate for change and monitor progress within the sector. The key barriers identified to effective data collection were limited infrastructure available to support consistent data collection and a lack of indicators for identifying DFV and disability. As a result, they noted that the sector's current ability to effectively extract data is 'limited or non-existent.'

"We have more of an absence of data than I think that Plan necessarily recognises. Our concern [is that] we would not necessarily be able to make the intent of the data delivery under the Plan because we just do not have indicators about people with disability or DFV."

- *Government Stakeholder*

Stakeholders also called for clearer expectations and guidelines surrounding data collection for DFV service providers, QPS and other community groups. Specifically, they asked for a framework that could assist them in recording and measuring practice changes.

"There is a distinction about data collection that we need to make. We know what's going on. But what we don't know is the impact we are having on people with disability, groups and broader society. It would be great if we had a mandatory field of three nonnegotiable measures we all needed to [collect]."

- *Service provider*

Several individual service providers and peak bodies described actions they had taken to improve data management within their organisations. For example, one organisation had hired a data analyst who was tasked with reviewing their organisation's data collection system. However, none



of the stakeholders attributed these changes to the Plan and, instead, argued that they were forced to take steps to improve data themselves because of a lack of direction from the sector.

“Nothing... has come from the Government to assist us with that. Everything... happens because we believe that it is equitable and proper and the right way at work. We have invested in [those systems] ourselves because we need to do so.”

- *Service provider*

**The Plan should acknowledge the complexity in capturing consistent information on disability and provide support for alternative data collection approaches.** Stakeholders highlighted the difficulty in capturing reliable data on disability in the DFV sector. They argued that it is hard to define disability in a way that provides clear indicators for data collection as disability is a complex term lacking a strict criteria or definition, people may or may not identify with having a disability and many adults with a disability lack a formal diagnosis. It is also difficult to establish a set criterion that could meaningfully account for the wide array of ways in which disability can present and be experienced.

“We don't really have the capacity to do data collection in a meaningful way to support the Plan or identify those people that the Plan is targeting to support. We have been trying to get indicators for things like this for a significant amount of time. However, because it is not part of the person's clinical treatment outcomes, it is often not captured. The purpose for which we are collecting information is really to inform their medical care.”

- *Government stakeholder*

Stakeholders and services providers also highlighted that qualitative data should not be overlooked. Instead, it should be used to drive DFV and disability awareness and strengthen understanding in the sector.

#### **F.4.5. Research question 5: What should be the future areas of focus for continuing the progress of the Plan?**

While the Interim Report noted that it was too soon to determine if the Plan had any wide-scale impacts, it identified six key suggestions for the Plan moving forward. These suggestions are listed below and designed to improve the outcomes of people with disability experiencing DFV.

**First, educate the DFV and disability sectors on the Plan's existence, its initiatives and the educational resources available.** Limited understanding among these sectors was consistently identified by stakeholders as a major barrier to assisting people with disability experiencing DFV. Further, the DFV and disability sectors often operated in silos, with a low awareness of the unique experiences of people with disability facing DFV – causing these people to fall through the gaps in the system.

**Second, improve communication around the Plan to assist stakeholders in understanding its practical implications.** To strengthen this communication, specific initiatives included under the Plan should be heavily promoted and the practical commitments and measurable outcomes of each initiative should be clearly advertised.

**Third, strengthen collaborative and integrated service responses across the sector.** Stakeholder identified many examples of instances where collaborative practice between service providers improved outcomes of people with disability. These examples reveal the benefits of integrated services to people with disability, even though they were not driven by the Plan and did not occur on a large scale. Given that people with disability often present with a multitude of intersecting needs, collaboration is a key component of ensuring they receive holistic support. While stakeholders did suggest the Plan had the potential to inspire high-level strategic planning across several agencies, there are strong opportunities not yet included in the plan (e.g., the chance to build stronger relationships between health and justice).

**Fourth, provide more opportunities to people with lived experience of disability to drive the Plan's strategies and initiatives.** People with disability were continuously consulted throughout the creation and development of the Plan, as well as during the design of educational



resources under the Plan. Going forward, there is scope to also include people with disability in codesigning the actions and resources developed.

**Fifth, expand the range of initiatives included under the Plan that focus on promoting intersectional interests and providing support for CALD groups.** While the voices of CALD persons with disability helped guide the development and implementation of the Plan, only one of the Plan's initiatives directly referenced cultural considerations. Stakeholders argued that the interests of CALD groups can be better incorporated through:

- Increase the promotion of additional cultural training resources that are available to the sector
- Implementing a Diversity and Inclusion statement under the Third Action Plan
- Improving information sharing among the sector on the issues faced by CALD groups

**Sixth, leverage widespread stakeholder commitment to advance data collection and improve the evidence base.** Stakeholders highlighted that often service providers fail to recognise that people have a disability, and this severely undermines efforts to collect data on the DFV experiences of people with disability. They identified several upcoming opportunities that the Plan will be able to leverage, including:

- The road map for improving the evidence base contained in the Data Mapping Outcomes Report
- The review on QPS processes to identify, evaluate and record information on people with disability
- The QPS business case currently being developed to improve the identification and recording of incidences of dementia and of autism
- Future election commitments regarding the mapping of the service touchpoints for disability

#### **F.4.6. Conclusion**

The preliminary results included in the Evaluation suggest that stakeholders believe that the Plan has 'laid a strong foundation for change.' Stakeholders suggested that the Plan had been implemented too recently to observe large-scale improvement in its four key focus areas: raising awareness, building sector capacity and capability, implementing practical responses and building the evidence base, and as such had not yet made a material impact in service providers response to people with disability experiencing DFV. Further, they revealed that due to the intersecting forms of disadvantage faced by people with disability experiencing DFV, ongoing time and investment by service providers and government is required to make a significant impact.

# Appendix G

## The implementation of the Southport Specialist DFV Court

### G.1. Background of the Southport SDFVC

In 2015, following the recommendations of The *Not Now, Not Ever* report, the Queensland Government established a specialist domestic and family violence court in Southport (first as a trial, but now as a fully implemented court) to support and inform the future rollout of specialist domestic and family violence courts across Queensland. In broad terms, specialist domestic and family violence courts have four key objectives:

- Place the aggrieved, respondents and their children at the centre of focus of the justice system
- Contribute to victim safety through TPOs, safe courtrooms and bail conditions
- Hold offenders accountable for their actions
- Provide procedural fairness and increased confidence in the justice system.

The court was originally trialled in Southport for four specific reasons:

- The Gold Coast Domestic Violence Integrated Response was already well established in Southport, supporting the implementation of a specialist court.
- A high number of domestic violence proceedings already coming before the Southport Magistrates Court.
- A Children's Court and Federal Circuit Court of Australia are currently located in Southport, supporting the interaction between Magistrates Courts and family law and children's court jurisdictions.
- The court is located in close proximity to key agencies and support services.

The original trial in Southport was run for almost two years. The trial was evaluated in 2016 by the Griffith Criminology Institute, with the outcomes of the trial informing future implementation of domestic and family violence specialist courts throughout Queensland.

Since 2015, the DJAG has been responsible for expanding the number of SDFVCs under the Specialist Domestic and Family Violence Court Justice Response, Queensland's court-based justice response to domestic and family violence. Funding has since been provided for four other specialist domestic and family violence courts across Queensland (Beenleigh, Townsville, Mount Isa and Palm Island).

### G.2. Overview of case study

DJAG is responsible for delivering the Specialist Domestic and Family Violence Court Justice Response in five locations. In 2019, DJAG engaged ARTD Consultants and Murawin to evaluate the implementation and outcomes of the Southport Specialist Domestic and Family Violence Court (Southport SDFVC).

The purpose of this case study is to summarise key findings from an 18-month process evaluation of the Southport SDFVC between July 2017 and March 2020. The evaluation drew on a review on relevant literature and documentation, stakeholder interviews and quantitative administrative data from the Queensland Wide Interlinked Courts dataset.

### G.2.1. Lines of enquiry

These research questions have been developed by Deloitte Access Economics to align to The Strategy's Evaluation Framework. Specifically, to address:

- **Outcome Question 7 (EQ7):** Does the justice system deal effectively with domestic and family violence?

The key research questions guiding this case study are as follows:

1. What has been the implementation progress of the Southport SDFVC?
2. To what extent is the implementation of the Southport SDFVC aligned with the intended specialist court model?
3. What are the lessons and learnings from the establishment of the Southport SDFVC and the implications for future justice system interventions?

### G.2.2. Data sources

The following secondary sources were used to inform this case study:

- ARTD Consultants (2020). *The Southport Specialist Domestic and Family Violence Court Process Evaluation: 2017-2020*, ARTD Consultants, Queensland, Australia.

The evaluation by ARTD Consultants and Murawin ("ARTD Evaluation") was primarily used to inform this case study as it covers the most recent operation of the Southport SDFVC, including the specialist court's success in addressing earlier recommendations. Nevertheless, the evaluation by the Griffith Criminology Institute (Griffith Evaluation) was used to inform the more contextual elements of this case study.

### G.2.3. Limitations

There are several key limitations that need to be considered when assessing the findings of this case study, including:

- While there are currently five specialist DFV courts in Queensland, the ARTD Evaluation focused exclusively on the Southport SDFVC. The evaluation findings may therefore not be reflective of the experiences of all specialist DFV courts.
- The main report that was used for this case study is a process evaluation report. Therefore, there is limited available evidence of the outcomes of the Southport SDFVC to date.

## G.3. Research question one: What has been the implementation progress of the Southport SDFVC?

The ARTD Evaluation found that the SDFVC had been sufficiently implemented at the time of reporting, citing the volume of clients that it serviced, as well as the range of domestic and family violence matters it processes. The Southport SDFVC was the busiest court location in terms of the number of domestic and family violence applications lodged between 2017-2019.<sup>87</sup> **The number of domestic and family violence applications at Southport was broadly unchanged between 2017-2019.** (2017-18: 3,844, 2018-2019: 4,027). Of the applications logged during the evaluation time frame, three quarters were lodged by the QPS.

Over the 2017-18 and 2018-19 financial years, there have been 10,261 protection orders and applications. Half of orders made by the court were protection orders. The court also made 651 intervention orders where the court requires the respondent to attend a behaviour change program. **Across all years, about a quarter (2,773) domestic and family violence orders were not progressed.** This is driven by three main factors – the cases were withdrawn (38% of cases), struck out (25% of cases), suspension of TPOs (25%) and dismissed (11% of cases). There was limited information on the impact of these decisions on client outcomes.

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<sup>87</sup> The assessment of Southport SDVC being the busiest court location applied to 2017-2019 only. DJAG data shows that as of 2020-21, the Beenleigh court has the highest proportion of all civil DFV applications lodged in Queensland.

#### **G.4. Research question two: To what extent is the implementation of the Southport SDFVC aligned with the intended specialist court model?**

The degree to which the implementation of the Southport SDFVC aligns with the intended specialist court model is assessed against the objectives of the specialist court model: 1) client-centred approach, 2) contributes to improved safety, 3) supports perpetrator accountability, and 4) maintains procedural fairness. The subsequent subsections summarise the ARTD Evaluation's assessment of how the Southport SDFVC's implementation in practice has been aligned with these objectives.

##### **G.4.1. Client-centred support**

###### **The Southport SDFVC operates with a client-centred approach.**

The client-centred approach by the court is underpinned by three key elements and features:

- **Physical elements of the court:** The court infrastructure supports the separation of aggrieved and respondents within the court facility (although it is acknowledged that the current arrangement is less suitable for clients in same-sex relationships).
- **Wraparound supports:** Supports are provided to clients within the court facilities, and staff members actively advertise and refer clients to services. Further, these services are delivered in a client-centred manner and look to understand client needs before providing appropriate supports or solutions.
- **Workforce culture:** The client-centred approach is enabled by a strong awareness and understanding of domestic and family violence issues among court staff members. This is highlighted by the evidence of clients' experience with the court registry, which is generally a client's first contact with the court. Registry staff are trained to support client understanding, awareness and sense of safety. They carefully and clearly explain court processes, spend time with clients to answer their questions, provide clients with access to interpreters if required and support clients to access support services.

**There is a need for the justice system response at Southport to address broader service system issues, including housing, mental health support, and drug and alcohol rehabilitation services.** Even though there was a high prevalence of co-occurring drug and alcohol abuse and domestic and family violence, the ARTD evaluation found that the availability of these services at Southport SDFVC was limited. The number and capacity of available services and programs was found to be insufficient to meet demand.

**There is evidence to suggest that the court has made some progress to supporting the diverse needs of different population groups.** This includes refining the justice response to the needs of clients from the following groups:

- Aboriginal and Torres Strait Islander peoples
- People from CALD backgrounds
- People from LGBTIQ+ communities
- People with disabilities
- Elderly people who experience violence perpetrated by a family member or carers

The court has implemented culturally appropriate programs and service supports, such as the Numala Yalnun trial program, which provided individualised and intensive supports for Aboriginal and/or Torres Strait Islander clients of the court, as well as increased the presence of Aboriginal and/or Torres Strait Islander staff within the court over the period January to June 2019.<sup>88</sup> Courts provide access to interpreter services for people from linguistically diverse backgrounds to support people throughout the court proceedings. Further, staff are trained on culturally appropriate responses and communications, including how to make warm referrals to support services.

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<sup>88</sup> This program has since ceased operating due to the lack of available funding.

**However, there is scope to improve the degree to which the court model effectively responds to the needs of clients from diverse backgrounds.** Specifically, the ability of the court to address people from diverse backgrounds is limited by the following factors:

- **Limited availability of interpreter services:** The limited supply of appropriate specialist interpreter services, either accessed physically or via telephone, reduces the ability of the court to respond to clients from linguistically diverse backgrounds in a timely manner.
- **Discontinuation of funding to support culturally appropriate programs:** There is a need for culturally appropriate support services within the specialist court. This was emphasised by the success of the Numala Yalnun program trial, which ran for six months from January to June in 2019. However, this program has since ceased operating due to the lack of available funding.
- **Limited guidance to support people with disability:** The court has no explicit information or guidelines on how court Registry staff should support people with disability, including how to connect people with disability to appropriate support services to address their needs.
- **Limited safe spaces for LGBTIQIA+ clients:** The Southport SDFVC has taken steps to tailor its response for LGBTIQIA+ clients (for example, by ensuring people in same-sex relationships are provided with an appropriate, secure place to wait), but the ARTD Evaluation identified scope for more work to be done in this area. For example, for same-sex women, only one of the applicants can access the support room, which may mean one woman has less access to appropriate supports and services. There are similar considerations for men in same-sex relationships, where it may not be appropriate for both the aggrieved and respondent to wait in the same area.

#### **G.4.2. Contributed to improved safety**

**The Southport SDFVC has contributed to the improvement of safety of victim, compared to other court systems.** The court operates with a safety-centred focus, which is enabled by the following factors:

- **Identifying risk:** The ARTD evaluation noted that Southport SDFVC court staff have a demonstrated understanding of risks, particularly as they are outlined Specialist DFV Registry Manual. Specialist DFV Registry counter staff review client's risk when they first present to the court and refer higher-risk clients to the deputy Registrar or Deputy Senior Registrar for further assessment. Further, the Registrar can connect with QPS and other specialist DFV services to obtain additional risk-related information, which may inform more comprehensive risk assessments by specialist DFV providers.
- **Court processes:** Court processes support client safety by prioritising the processing of urgent or at-risk clients. This is supported through listing practices, which assess and monitor risks on an ongoing basis to determine the urgency in which a matter should be heard before the court. This can result in courts making same-day assessments about TPOs to support client safety. Further, the court can notify QPS and other support services if the court is not able to hear an urgent matter within a specified time frame. This can ensure that other support services are able to be mobilised to protect client safety.

**However, the ARTD Evaluation identified scope to improve court processes by promoting greater consistency in practice guidance among different government agencies.** The ARTD Evaluation noted that each government agency currently utilises its own best practice guidance framework for attending to the needs of people with domestic and family violence. These practice guidelines differ across staff roles, with differing focus and depth. This demonstrates scope for frameworks to be misinterpreted or to conflict with each other, which may impact the continuity and consistency of support provided to people impacted by domestic and family violence throughout the court.

#### **G.4.3. Supports perpetrator accountability**

The ARTD Evaluation found that the Southport SDFVC supports perpetrator accountability through a more therapeutic response to perpetrator behaviour compared to judicial outcomes. Specifically, a key element of the court is the recognised importance of perpetrator supports in changing behaviour. Court staff make referrals to support services for perpetrators, such as to perpetrator behaviour change programs, when appropriate. However, responses to perpetrators could be improved through several ways, including:

- **Increased supports available to perpetrators:** Stakeholders identified that there is a need for additional support services for perpetrators. While the court typically refers respondents to behaviour change programs, these programs often are at capacity and have long waitlists.
- **Increased privacy for perpetrators:** While aggrieved and respondent parties are separated throughout the process, there is a recognition that greater privacy for perpetrators can increase uptake of support services available to them.

#### **G.4.4. Maintains procedural fairness**

The ARTD Evaluation found that the Southport SDFVC delivers a fair, respectful and coordinator response to domestic and family violence. This is delivered in two main ways:

- **Integration of civil and criminal jurisdictions for domestic and family violence matters:** Integrating civil and criminal jurisdictions facilitates consistent approaches to both civil and criminal matters and allows magistrates to have a more nuanced and comprehensive understanding of a respondent's risk and context. However, it is acknowledged that there are inherent limitations to the extent to which civil and criminal matters can be integrated – for example, due to considerations to ensure that strict rules of evidence can be applied in criminal matters and to afford defendants procedural fairness. The consideration of related matters is usually at the discretion of the magistrate. Despite these considerations, the flexibility in this model ensures that the implementation of any jurisdictional integration is based on a local arrangement informed by this model.
- **Magistrates with specialist domestic and family violence knowledge:** Dedicated magistrates within the Southport SDFVC complete specific DFV training and have a high degree of knowledge and experience of the complex legal framework underpinning DFV. The literature identifies that magistrates with specialist knowledge and training provide fairer and safer outcomes for aggrieved people. This would also increase the consistency of rulings across cases.

### **G.5. Research question three: How can the Southport specialist court further strengthen the justice system response to domestic and family violence?**

The ARTD Evaluation identified five areas that the specialist court can improve upon to further strengthen the justice system response to domestic and family violence:

#### **G.5.1. Expanding the capacity of behaviour change programs for perpetrators**

The justice system response to domestic and family violence can be strengthened at the Southport SDFVC through increasing the availability of services for perpetrators, the majority of which were men. There was evidence of raised concerns about the waiting time for participation in behavioural change programs. Interviewed case managers noted that wait times had a significant and negative impact on men's engagement with the programs. As behaviour change programs are essential to strengthening perpetrator accountability and victim safety at the Southport SDFVC, there is a need for the availability of these programs to increase.

#### **G.5.2. Aligning policies and procedures across interagency partners**

There was also scope to better align policies and procedures across interagency partners. Stakeholders utilised different best practice frameworks and guidelines at the Southport SDFVC. Whilst evaluation evidence found no evidence that these were in opposition to each other, the evaluation highlighted the need for a shared, stand-alone manual for the Southport SDFVC to improve the consistency in how services interact with people entering the court, and to improve cooperation between service providers within the court.

#### **G.5.3. Ensuring sufficient data to support ongoing performance monitoring and evaluation**

While there is a strong culture of information sharing among different agencies, the ARTD Evaluation identified scope for specific data to be shared more broadly to inform operational and strategic decision making across participating agencies (for example, the sharing of a performance monitoring dashboard). This would also serve to strengthen the evidence base for the Southport SDFVC.

#### **G.5.4. Addressing the broader service needs of clients**

The ARTD Evaluation identified the need for the justice system response at Southport to address broader client needs, including housing, mental health support, and drug and alcohol rehabilitation services. This can be achieved through:

- Additional screening processes for additional needs associated with housing, drug and alcohol abuse and mental health
- Developing collaborative partnerships with local support services to better connect clients to the appropriate support services to meet their additional needs – for example, connecting clients who are misusing alcohol and other drugs to appropriate treatment and support services
- Consideration to provide mental health supports for respondents throughout their court experience

#### **G.5.5. Catering for diversity**

There is a need for Southport SDFVC to continue leading best practice by working to make the court equally accessible and responsive to the needs of diverse client groups. It is acknowledged that the Southport SDFVC has taken steps to ensure its services are more culturally appropriate. Moving forward, they can build on this momentum by improving access to specialist services; improving access to appropriate language translation services; and ensuring programs for perpetrators are appropriate for CALD groups, including providing resources in languages other than English.

Specific to the Aboriginal and Torres Strait Islander community, the ARTD Evaluation found evidence that the Southport SDFVC can take further steps to adapt to the needs of Aboriginal and Torres Strait Islander clients. For example:

- There is a need for the Southport SDFVC to develop specific domestic and family violence responses for Aboriginal and Torres Strait Islander peoples that acknowledge the different causes of violence in Indigenous communities.
- The Southport SDFVC can consider creating a more culturally welcoming atmosphere by displaying Aboriginal and Torres Strait Islander flags and hanging Indigenous art.

### **G.6. Conclusion**

The ARTD Evaluation found that the Southport SDFVC has been implemented in accordance with the Queensland Specialist Domestic and Family Violence model. It has fulfilled its purpose to ensure a coordinated respectful and fair court response to DFV, which prioritises safety, holds perpetrators accountable and promotes change. The success of this model is underpinned by several factors – including having a client-centred model, workforce capability (e.g., dedicated magistrates with knowledge in domestic and family violence), the adherence to risk assessment processes and continued focus on perpetrators.

The ARTD Evaluation's key recommendations to improve Southport SDFVC's implementation were consistent with previous evaluations – for example, the need to develop more culturally appropriate justice responses, a need for better responses for perpetrators and strengthening supports social support services for both the aggrieved and respondents.

# Appendix H

## Family Well-being Services for Aboriginal and Torres Strait Islander Families

### H.1. Overview of case study

In 2016, the Queensland Government committed \$150 million over five years to establish Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) to better support Queensland Aboriginal and Torres Strait Islander peoples who are vulnerable. These services were rolled out progressively across the state from December 2016 to April 2018, with all services now operational across Queensland. FWS is fully delivered by Aboriginal and Torres Strait Islander community-controlled organisations (ACCOS).

In addition, in January 2020, DCYJMA provided \$2.1 million over 3.5 years to support five specialist domestic and family violence (SDFV) workers in FWS. A trial of these specialist workers commenced in June 2020 across Queensland, with workers servicing the Gold Coast, Toowoomba, Rockhampton, Townsville and the Bowen region.

An evaluation of the FWS (the "FWS Evaluation") was undertaken in 2021-22. The evaluation assessed the implementation and outcomes of the state-wide FWS and the introduction of the SDFV workers initiative in January 2020. This case study highlights evaluation findings in four key areas:

- The trends underpinning Aboriginal and Torres Strait Islander peoples' access to FWS
- Enablers and barriers that impacted the families' access and experience of FWS
- The emerging outcomes achieved through the implementation of FWS from 2018 to 2021 and, more recently, the trial rollout of SDFV workers
- Key considerations to improve the FWS service delivery and expand the provision of SDFV workers across more locations.

### H.2. Lines of enquiry

This case study seeks to answer several key research questions. These are aligned to the framework used by The Strategy and the Third Action Plan Review:

- **Outcome Question 5 (EQ5):** To what extent are victims and their families safe and supported?
- **Equity Question:** To what extent has progress been made to address equity priorities for diverse groups who may be experiencing vulnerability?

The overarching research questions are:

1. How has FWS contributed to progress in providing more culturally appropriate and high-quality supports to Aboriginal and Torres Strait Islander peoples who may be experiencing vulnerability?
2. What have been the barriers and enablers?
3. What were the emerging outcomes from the rollout of FWS and recent introduction of SDFV workers?
4. What are the recommended strategies or opportunities to improve future service delivery?



### **H.2.1. Data sources**

The following secondary sources were used to inform this case study:

- Abt Associates (2021). *Final Report Aboriginal and Torres Strait Islander Family Wellbeing Services Evaluation*, for the DCYJMA, Queensland, Australia. Abt Associates applied a mixed method approach to its evaluation, drawing on a range of quantitative and qualitative data that included 239 consultations with stakeholders, including 4 SDFV workers. Nearly all women interviewed in the evaluation had experienced DFV at some point in their lives.
- DCYJMA website (2021). Aboriginal and Torres Strait Islander Family Wellbeing Services.
- DCYJMA (September 2021). Aboriginal and Torres Strait Islander Family Wellbeing Services – Program guidelines.

### **H.2.2. Limitations**

- Many key quantitative datasets were not available or robust enough to be provided. Demographic information relating to the number of men, women and children was not available. The FWS Evaluation therefore noted significant reliance on the qualitative consultation process.
- There is a risk of recruitment and selection bias as the evaluation utilised FWS case managers to assist with obtaining families for in-depth case study samples.
- Findings related to SDFV workers may not represent the experiences of all Aboriginal and Torres Strait Islander peoples as the SDFV worker initiative was a pilot that was trialled in five FWS locations.
- Additionally, the assessment of the effectiveness of the SDFV workers only form part of the FWS Evaluation. There are therefore comparatively less findings on SDFV compared to the broader FWS services.
- COVID-19 may have had an impact on the commencement and implementation of the SDFV worker initiative given its start in January 2020.

## **H.3. Case study findings**

### **H.3.1. Research question one: How has FWS contributed to progress in providing more culturally appropriate and high quality supports to Aboriginal and Torres Strait Islander peoples who are vulnerable?**

#### **H.3.1.1. Context for FWS intervention**

The context for the provision of FWS is significantly complex. The FWS Evaluation noted the following challenges faced by Aboriginal and Torres Strait Islander peoples:

- Intergenerational trauma
- Displacement from ancestral lands
- Lack of meaningful activities
- Drug and alcohol addiction issues
- Financial distress
- Severe sexual abuse
- Some discrimination and racism in rural communities
- Communities are exhausted and native title remains an issue
- A lack of Elder and community leader engagement in some sites.

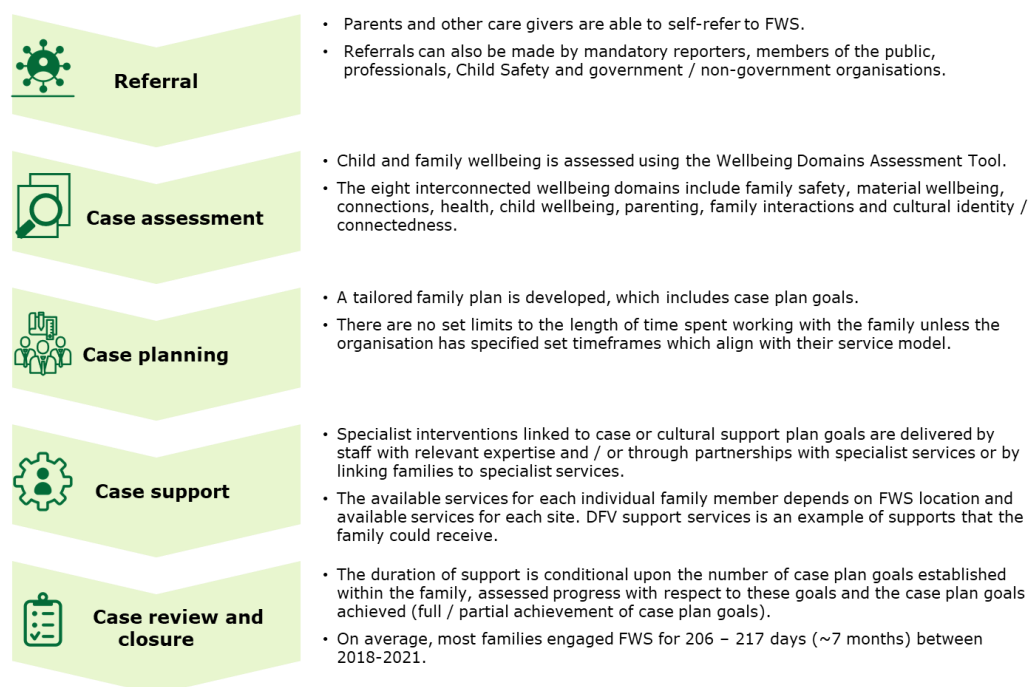
These challenges meant that there is often a mistrust of support services. The underlying discrimination and racism in some rural communities have also created barriers for families to access mainstream services. Within this backdrop, the FWS are doing the very best they can with the resources at their disposal. The extent of these challenges, however, vary by location. The FWS Evaluation observed improved family outcomes in locations where there is strong community and Elder engagement and good working relationships with child safety service centres. For those areas, FWS workers would be more involved in case planning and working with families on preventative goals.

#### **H.3.1.2. Role of FWS**

The FWS program seeks to draw on the cultural authority and experience of ACCOs to design and implement flexible models of integrated service delivery to improve the safety and living conditions of Aboriginal and Torres Strait Islander children and families who may be experiencing

vulnerabilities. A range of services – from universal to specialist – is provided to families. The program delivery model is illustrated in the figure below.

Figure H.1 FWS program delivery model



The SDFV worker initiative is currently being trialled in services where a high number of domestic and family violence in communities has been identified. SDFV workers will:

- Ensure that FWS staff are aware of the nature and impact of domestic and family violence and that this awareness informs all points of engagement with referrers and family members
- Provide specialist advice and assistance to other FWS staff members and those contacting the service
- Assess referrals received to screen for domestic and family violence
- Undertake risk assessments where domestic and family violence is identified
- Provide FWS workers and enquirers with advice on safe engagement strategies for families affected by domestic and family violence, including strategies to assess, monitor and minimise risk to family members and workers
- Participate in client home visits where appropriate
- Assist with assessment of client needs, and decisions regarding case management and referral pathways

### H.3.1.3. How FWS is being implemented

**FWS workers mainly undertake home visits and case coordination activities. The FWS service model appears to vary by location.** In very remote settings, home visits represent a significant proportion of the work undertaken by FWS staff. This is related to the greater emphasis on community in remote locations and partly reflects fewer referral options. In contrast, across other locations, FWS workers spend more time on case coordination (supporting families to access specialist services through referrals) and following up activities via phone. This reflects a service model that includes referral to specialist intervention staff and programs. Between 2018 and 2021, FWS managed 6,841 cases involving at least one parent and a child. The outcomes of these cases are explored in Section H.3.3.

**The number of families who participated in FWS increased across inner regional and major city areas. However, there was comparatively limited growth in remote settings.** Since 2018, there was a general upward trend in family participation in urban sites. While a similar trend was observed in regional areas, the level of family participation across regional sites declined more significantly when COVID-19 restrictions were introduced. The FWS Evaluation attributed this to a potential lack of health seeking behaviour as a result of COVID-19 restrictions. Across remote

sites, there was limited growth in the number of participating families in FWS, and this may be a result of capacity constraints. In particular, FWS workers noted a finite capacity of staff who are available for case work positions and limited availability of specialist referral options. The FWS Evaluation recommended a potential reshaping of service model in remote areas to address this (see Section H.3.4.1).

### **H.3.2. Research question two: What have been the barriers and enablers?**

#### **H.3.2.1. Workforce capability in developing a culturally safe environment for families**

FWS provides Aboriginal and Torres Strait Islander peoples with culturally safe and responsive ACCO-led services that reflect the needs and strengths of families and cultural knowledge. Clients across evaluation sites felt that their culture was recognised, understood and incorporated to ensure their needs and rights were respected. FWS workers were said to adopt a non-judgemental approach, which made it more comfortable for families to receive support. This contrasts with mainstream services, which were said to face long-standing challenges of embedding cultural safety in service delivery. FWS workers were also allowed to adapt to local circumstances across the state.

#### **H.3.2.2. Family engagement rate**

Among families who were referred to FWS from 2018 to 2021, 57% consented to participate while 43% of families did not consent. The FWS Evaluation noted that some referrals to FWS were made without the family's knowledge and consent, which impacted their likelihood of engaging with FWS workers. In these situations, families reported feeling confused when approached by FWS staff and feeling their personal information was being distributed without consent. This could have a long-term effect on the families' future likelihood of accessing supports from FWS. Some families were also not yet ready to participate – and in those situations – there was little that the FWS worker could do.

A related issue is the time it takes for referrals to make it to the family and the way it occurs. There was said to be a delay of up to six months for the referral to be received by FWS from Child Safety. Families that experienced significant delays are less likely to engage with FWS because so much time has passed and they are reportedly not engaged by any support services during the waiting period. Many urban sites were also said to be already operating at capacity and managing a high case load, which may have impacted their ability to provide more timely supports to families.

#### **H.3.2.3. Understanding of the role of FWS workers**

The FWS Evaluation identified scope to improve the target community's understanding of the role of FWS workers and how it differs with other services. Some families did not engage with FWS workers because they do not fully understand the support role of FWS workers and how it differs from other parts of the government (e.g., child safety). There were also reported instances of inappropriate referrals to FWS, which led to services being overloaded and requiring excessive triaging to ensure the family is referred to the most appropriate services.

#### **H.3.2.4. Adherence to the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)**

The FWS program is designed to support the implementation of both the ATSICPP and Family Matters Principles. These principles focus on preserving child safety and upbringing within their home, with their family and community. ATSICPP's five key principles areas include:

1. **Prevention** - Each Aboriginal and Torres Strait Islander child has the right to be brought up within their own family and community.
2. **Partnerships** - The participation of Aboriginal and Torres Strait Islander community representatives is required in all child protection decision making.
3. **Placement** - If an Aboriginal and Torres Strait Islander child is placed in out of home care, they are placed in accordance with the placement hierarchy.
4. **Participation** - Aboriginal and Torres Strait Islander children, parents and family members are entitled to participate in all child protection decisions affecting them regarding intervention; placement; and care, including judicial decisions.

- Connections** - Aboriginal and Torres Strait Islander children in out of home care are supported to maintain connection to their family, community and culture, especially children who are placed with non-Indigenous carers.

In practice, the FWS Evaluation found that the ATSI CPP is not consistently understood or applied by frontline workers. This indicates a need for more education on the ATSI CPP and the related child safety legislation among frontline workers.

### H.3.2.5. Community-specific preferences on workforce gender

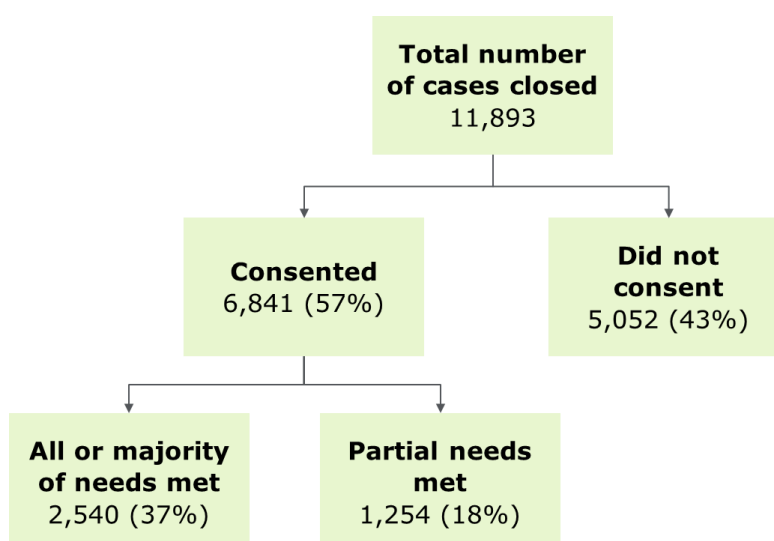
The FWS evaluation noted that maintaining Aboriginal and Torres Strait Islander gender protocols is an important consideration for service providers operating within these communities. In many Aboriginal cultures, it is not appropriate for men to speak with women or women to speak with men about their personal matters. The FWS Evaluation found that for some communities, better gender-specific support for men’s needs were provided when male workers are present. For example, one FWS site employed a male SDFV worker to support male perpetrators as there were limited options for men to access external counselling or professional support. The SDFV support has included men’s groups and back-to-country camps for fathers, to learn about themselves and why they are the way they are and to understand what the mother and children were experiencing. However, most frontline workers are female, which meant that these benefits may not be realised in some locations.

### H.3.3. Research question three: What were the emerging outcomes from the rollout of FWS and recent introduction of SDFV workers?

Overall, the FWS is contributing to the aim of reducing the number of Aboriginal and Torres Strait Islander children who are vulnerable moving into the child protection system through the provision of more culturally appropriate and safe services. This is observed through three key indicators:

- FWS has created a more culturally safe environment either to directly obtain supports or be referred to other appropriate specialist services.** Access to supports from Aboriginal and Torres Strait Islander staff was said to be a key enabler to this outcome.
- Among families who consented to receive support from FWS workers, most stated that they had at least some of their needs met.**
  - In the three-year evaluation period (2018 to 2021), 11,893 families were referred to FWS with a case closed. Of those, 6,841 (57%) consented to participate, while 5,052 (43%) did not consent.
  - Of the 6,841 cases (involving at least one parent and usually child) who consented to receive supports, 37% of families had all their needs met while 18% of families had had some of their needs met (Figure H.2).

Figure H.2 FWS case outcomes (2018 to 2021)



- 90% of FWS families did not have a child undergo investigation by child safety six months after their exit from the program.**

Specific to the trial of SDFV workers, the FWS Evaluation identified several emerging outcomes related to more effective supports for victims and perpetrators:

1. **SDFV workers contributed to the workforce capability development among FWS workers.** The model of a specialist worker educating, mentoring and collaborating appears to be effective. Based on feedback from other FWS workers, SDFV workers were said to build the confidence and capability of FWS workers to better manage domestic violence cases themselves. For example, it was suggested that FWS now had better awareness of less physical indicators of DFV such as coercion and financial control.
2. **Families who accessed services also indicated that service responses were more integrated.** They found it beneficial to not be referred to an independent service where they would need to repeat their story to different parts of the system. Instead, FWS provided more consolidated supports through one plan and predominantly with one worker.
3. **The experience of supports from SDFV workers were generally perceived to be positive by families.** Families who were interviewed as part of the evaluation stated that SDFV workers educated them on the effects that domestic and family violence has on their children and provided them with anger management and communication strategies. Additionally, many families still feel stigma and shame and are not ready to acknowledge DFV issues. SDFV workers therefore provide critical assistance by having difficult conversations so that the family has a safety plan.
4. **SDFV workers also help educate Aboriginal and Torres Strait Islander communities about the seriousness of DFV.** Aboriginal and Torres Strait Islander peoples who accessed FWS noted that they learnt about the seriousness of DFV from SDFV workers. Families that were interviewed stated that they learnt strategies to manage their anger and looked at their relationship from a different perspective. SDFV workers were said to support their ability to build better communication skills. Among women, there was anecdotal evidence where a mother explored the short- and long-term impacts of domestic violence on her children through engagement with a specialist worker.

#### **H.3.4. Research question four: What are the recommended strategies or opportunities to improve future service delivery?**

The FWS Evaluation identified five key areas for improvement to strengthen the quality and appropriateness of service delivery provided by FWS workers.

##### **H.3.4.1. Improving the service delivery model for regional and remote locations**

Remote settings are said to have more limited access to specialist staff to assist with highly specialised issues such as DFV and mental health. Other FWS workers in these remote locations are also less likely to benefit from professional supervision and training to more effectively manage these issues (see the next subsection on workforce capability). There should therefore be consideration on how specialised resources can be made available across all regions and localities. The sharing of specialist resources across sites may be an appropriate solution to workforce recruitment challenges in remote and regional locations.

##### **H.3.4.2. Workforce development**

More training for existing FWS workers is required, particularly for smaller organisations who do not have colleagues to provide extended support and mentorship. Given that the work undertaken by FWS workers is often complex, professional supervision is a highly critical aspect to improve workforce retention, prevent workforce burnout and build workforce capability. A well-defined and structured system of professional supervision delivered by skilled and experienced staff should therefore be considered.

##### **H.3.4.3. Improving support for fathers**

This evaluation found that there were not enough male workers within FWS. This has become a barrier for engagement with Aboriginal and Torres Strait Islander men because it is culturally inappropriate to discuss men's business with women for the community. There should therefore be consideration on strategies to attract matured-aged men to work in the sector, particularly those with lived experience.

#### **H.3.4.4. Greater focus on early intervention**

Some FWS sites have adopted a more systematic and preventative community-owned model. This involves working collaboratively with child safety service centres to discuss and review incoming cases. This supports a community-led response, which would address issues and mitigate investigations. Greater collaboration between the community and service providers have enabled government services to develop goals that better suit the families' own aspirations. It would be important in the future to consider how an early intervention approach can be embedded more consistently within the FWS service delivery model, and the role of SDFV workers in supporting early intervention.

#### **H.3.4.5. Enhancing community awareness on the role and value of FWS to Aboriginal and Torres Strait Islander communities**

Many families suggested that there could be better promotion of FWS so that if referrals occur, families are not surprised. FWS clients have also suggested more flyers and community events would help to educate the Aboriginal and Torres Strait Islander peoples on the assistance available and this would raise the profile of FWS.

#### **H.3.5. Conclusion**

FWS is an example of a community-led intervention model that has improved the quality of supports for Aboriginal and Torres Strait Islander peoples. To improve future service delivery, greater focus should be directed towards ensuring that regional and remote locations (where there are disproportionately higher proportion of Aboriginal and Torres Strait Islander peoples) have the appropriate levels of capabilities and specialist skills to support Aboriginal and Torres Strait Islander peoples who may be experiencing vulnerability. This would require modifications to the service delivery model and ongoing efforts to improve the cultural capability of mainstream non-Indigenous workers.

The recent trial of SDFV workers at five FWS sites has also generated positive outcomes for FWS staff who work closely with SDFV workers and families who directly benefitted from their supports. It may be warranted for SDFV workers to be employed across more FWS sites – particularly across locations where there is greater DFV prevalence and lower availability of workers with specialist skills to support victims. This can be accompanied with strategies to ensure that the demographic characteristics and skills of the SDFV workers remains appropriate to support Aboriginal and Torres Strait Islander peoples.

# Appendix I

## Online Men's Domestic Violence Education and Intervention Program

### I.1. Overview of case study

MDVEIP is a behaviour change program for perpetrators that has been delivered by the Domestic Violence Prevention Centre Gold Coast Inc (DVPC) since 2000. The program was originally designed to be delivered through in-person group sessions. In 2020, DJAG commissioned a one-year online pilot of MDVEIP, which was delivered by DVPC and evaluated by Griffith University. That evaluation aimed to assess the outcomes, safety and viability of online perpetrator programs and determine whether they are a suitable alternative when face-to-face delivery is not accessible or appropriate.

This case study highlights Griffith University's evaluation findings and stakeholders' perspectives on:

- The benefits and challenges faced during the delivery of the one-year online pilot of MDVEIP
- Emerging program outcomes
- Learnings from the delivery of the online program to inform future online perpetrator interventions

### I.2. Lines of enquiry

This case study seeks to answer several key research questions. These are aligned to the framework used by The Strategy and the Third Action Plan Review:

- **Outcome Question 6 (EQ6):** To what extent have perpetrators stopped using violence and are they held to account?
- **Efficiency Question:** To what extent do policy makers and program providers feel empowered to design and implement programs that are evaluation ready?

The overarching research questions for this case study are:

1. Why was it considered necessary to deliver perpetrator interventions in an online format?
2. What were the implementation challenges and successes that were observed during the delivery of the online program?
3. What is the evidence of the online program's progress towards its stated objectives and outcomes?
4. How could the design and implementation of future online perpetrator interventions be improved to better meet outcomes?

#### I.2.1. Data sources

The following primary and secondary sources were used to inform this case study:

- A focus group discussion with stakeholders who delivered the in-person and online pilot of MDVEIP
- Engagement with DJAG representatives on key findings from Griffith University's evaluation
- MDVEIP documentation, including program information on the DVPC Gold Coast website and the program's assessment referral pack



### **I.2.2. Limitations**

The data sources above provide a high-level overview on the implementation of an innovative perpetrator intervention response. However, there are some limitations that should be taken into consideration when interpreting these insights:

- Deloitte did not have direct access to the Griffith University’s evaluation report. Key evaluation findings were drawn through engagements with DJAG representatives who commissioned the evaluation and stakeholders who directly delivered the online pilot.
- It is also acknowledged that perpetrators are not necessarily male, and their partners are not necessarily female. However, this case study focuses specifically on a men’s behaviour change program.

### **I.3. About MDVEIP**

MDVEIP is a program delivered by DVPC in partnership with QCS. The program is ordered as a condition of a probation order or a parole order for men who are convicted of a domestic violence-related offence. It uses the Domestic Abuse Intervention Model developed by Ellen Pence and Michael Paymar in Duluth, Minnesota, United States (commonly known as “the Duluth model”). This curriculum prioritises the safety of women and children and consists of nine key themes<sup>89</sup>, which are:

1. Physical and sexual violence
2. Using intimidation
3. Using emotional abuse
4. Using isolation
5. Minimising, denying and blaming
6. Using children
7. Using male privilege
8. Using economic abuse
9. Using coercion and threats.

These themes collectively form the Duluth Model’s Power and Control Wheel. It reflects the pattern of actions that an individual uses to intentionally control or dominate his intimate partner.

#### **I.3.1. The objectives of MDVEIP**

According to DVPC, MDVEIP is designed to help men stop their violence and abuse by:

- Assisting the participant to understand his acts of violence as a means of controlling the victim’s actions, thoughts and feelings. This is done by examining the intent of his acts of abuse and the belief system from which he operates.
- Increasing the participant’s willingness to change his actions by examining the negative effects of his behaviour on his relationship, his partner, his children, his friends and himself.
- Increasing the participant’s understanding of the causes of his violence by examining the cultural and social contexts in which he uses violence against his partner.
- Providing the participant with practical information on how to change abusive behaviour by exploring noncontrolling and nonviolent ways of relating to women.
- Encouraging the participant to become accountable to those he has hurt through his use of violence by encouraging him to acknowledge his abuse and accept responsibility for its impact on his partner and others.

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<sup>89</sup> Domestic abuse intervention programs (2017). Wheel information centre.  
<https://www.theduluthmodel.org/wheels/>.



### **I.3.2. Program delivery**

The program is run as an open ongoing group for 50 weeks each year. It is a rolling program with participants commencing at the start of one of the nine themes (which make up the curriculum). Each theme is delivered over a three-week period and participants can start at any of the nine themes. In total, participants are required to attend the MDVEIP for a minimum of 27 weeks.

DVPC also supports the female partners of program participants. DVPC employs Women's Advocates who are responsible for establishing and maintaining regular contact with female partners of offenders in the program and provides feedback to program facilitators on their safety. These women are offered telephone support, counselling appointments, support groups and information about the men's program.

The program incorporates rigorous screening, monitoring and risk and safety checks. Based on the assessment referral pack, DVPC staff is required to collect information on the perpetrator, such as current / previous partners, health and lifestyle information (e.g., drug use), childhood experience and violence in past / present relationships, to assess the suitability for perpetrators to participate in this program. Program participants are required to sign a detailed contract outlining requirements, safety mechanisms and sanctions for noncompliance. This contract functions as a way to communicate requirements to participants as well as a commitment device.

Integrated service responses are a critical aspect of the delivery of behaviour change programs, as all agencies need to collaborate to ensure that risks associated with this intervention are minimised. The time when men attend behaviour change programs can be one of high risk to their female partners and their children as the program may discuss sensitive issues and challenge entrenched life beliefs. At DVPC Gold Coast, the organisation has established relationships with key frontline agencies, which will improve coordination of responses to women and children who are in high-risk situations. For example, the DVPC convenes the Gold Coast Domestic Violence Integrated Response, which seeks to facilitate more coordinated integrated service responses across all agencies on the Gold Coast.

### **I.3.3. The online pilot of MDVEIP**

Similar to the in-person program, the online pilot program had a similar duration (27 weeks), utilised the same curriculum and was facilitated by the same program facilitators who were employed by DVPC. Similar supports were also provided to the female partners of program participants.

The main differences between the online and in-person delivery of the program were:

- The online pilot utilised videoconferencing tools (Zoom). Participants are required to have access to stable Internet connection and attend 1.5-hour meetings at specified times for 27 weeks.
- The online program capacity was about half the size of in-person programs – about eight individuals participated in the online program compared to an average of 15 for in-person sessions. This was due to the perceived challenges of managing discussions with a large group in an online setting.
- The online program was delivered to a closed group of eight individuals (as opposed to a rolling delivery, where new participants can join when a new theme is discussed). This was aimed to support the ongoing evaluation of this pilot.

## **I.4. Case study findings**

### **I.4.1. Research question one: Why was it considered necessary to deliver perpetrator interventions in an online format?**

The online delivery of this men's behaviour change program was initially developed in response to mitigate program accessibility challenges during the implementation of social isolation requirements (as a result of the COVID-19 pandemic).

More broadly, DJAG also recognised the potential for innovative delivery methods to help overcome other long-standing barriers to program access, such as limited workforce capacity to meet demand and geographical barriers. On the latter, there was generally limited availability of behaviour change programs in regional and remote areas. At the same time, some perpetrators

were located in different parts of the state and therefore faced logistical challenges in attending these programs.

An independent evaluation of this online program was commissioned because there was limited information on the key parameters that would ensure that online perpetrator interventions can be delivered in a safe and effective manner. There was also a need to assess the feasibility for online behaviour change programs to address gaps in service delivery.

#### **I.4.2. Research question two: What were the implementation challenges and successes that were observed during the delivery of the online program?**

##### **I.4.2.1. Implementation challenges**

According to initial evaluation findings and stakeholder feedback, the following implementation challenges were observed:



#### **Facilitators' ability to support and monitor participants**

Stakeholders noted that program facilitators have a range of responsibilities in delivering behaviour change programs. In addition to delivering curriculum content, facilitators also monitor participants' reactions to program discussions to assess whether participants are receptive to the content. In an in-person format, facilitators are able to rely on visual cues, such as body language, and nonvisual cues, such as smell (of alcohol and drug use), to assess participant response and progress in the program. In an online setting, many of these cues are unavailable. For example, it was more challenging for facilitators to assess if program participants were drunk (they could alternatively smell perpetrators to assess this during in-person programs). Facilitators also noted that it was easier to ensure that participants stayed focused in an in-person format. A facilitator said *"when you run in-person programs, one stern look will stop participants from doing something. In an online program, you have to stop the discussion to reprimand participants."*



#### **Female partners' experience of engaging with Women's Advocates**

Women's Advocates would usually contact female partners when program participants are attending in-person programs as there was greater likelihood that the female partners could provide more honest feedback on the behaviour of program participants and their feeling of safety. This was more challenging in an online setting as some participants would attend online programs from their respective homes (where they still lived together with their partners). As a result, it was observed that some female partners were unable to honestly open up about the issues they were facing.



#### **Variation in technology literacy levels**

Both facilitators and program participants had varying levels of technology literacy. At the start of the online program, some facilitators faced issues using specific videoconferencing such as sharing their screens. Similarly, some program participants were also less confident than others in using technology. It is acknowledged that this is likely to improve in time as both participants and facilitators grow more familiar with virtual platforms.



#### **Access to stable Internet connection**

Stable Internet connection is a critical prerequisite of attending the online program as participants were required to keep their videos and microphones switched on throughout the session. However, in practice, there was some variation in participants' access to Internet connection. There were instances where program participants had weak Internet connection and did not successfully attend a full session as a result. A few participants did not have access to Internet connection and had to drive to a public location (e.g., fast food restaurants and public libraries) to attend these sessions.



### Effectiveness of integrated service responses

While the online delivery of this program provided greater flexibility for participants, there was also increased risk that men could be located anywhere when they log in to attend the program. This made it challenging for facilitators to respond to risk and safety concerns if they observed any escalation of risks during the program. For example, program facilitators would not be able to provide accurate information to the police on the whereabouts of an individual. This contrasts with in-person programs, where there is greater transparency on participant location as they are mandated to physically attend the program at the DVPC office. This enables frontline service staff to check in on the individual during or after the program.

#### I.4.2.2. Implementation successes

However, the evaluation also identified some benefits of delivering the behaviour change program in an online format:



### Improvements in access to program

Online programs provide greater flexibility for participants to attend program sessions. Participants found it easier to access the online program as they were not required to travel to DVPC (where in-person intervention programs were delivered). This was said to be beneficial for participants who were “Fly In Fly Out” workers or were employed at locations that were far from DVPC.



### More effective program discussions

Those who attended the online program felt more comfortable to participate in the program from their respective homes. This was said to support deeper conversations on their behaviour. One stakeholder noted “*the conversation got deeper much quicker because men felt safer to talk in their own environment.*” This was an interesting observation, given that facilitators were said to have less control of participants in an online setting (see Section I.4.2.1).

There was also better retention of discussion materials. The use of a virtual whiteboard enabled program facilitators to facilitate reflection exercises by sharing screenshots of the virtual whiteboard throughout the program.



### More inclusive and safer environment for program participants

The online delivery of the program was perceived to be more inclusive because:

- While some participants would typically dominate the conversation during in-person groups, this was less common in an online environment.
- There was comparatively less emotional contagion. In an in-person setting, there were observed instances where discussions on specific topics created a more emotional and less conducive environment for participants to learn and reflect on their own situations. The physical distance among participants enabled them to be more honest in their own reflections and be less affected by other participants’ stories and experiences.
- it was perceived to be safer for participants to attend program sessions through a virtual platform. For example, one of the participants felt more comfortable in attending the online program as he was the only one in the group who had not been to jail.



### Ability to gather information on participants’ life changes

Service providers typically gather information on program participants during the initial referral assessment stage. However, it was perceived to be challenging for program staff to stay up to date because they generally have limited visibility on participants’ lives outside a program. In an online setting, program facilitators can gather information (through video backgrounds) on contextual changes to a participant’s life such as the change of partners or if they have children. This was said to be critical to support the monitoring of risks associated with the participants’ behaviour, as this information can be shared with other frontline agencies where relevant.

#### **I.4.3. Research question three: What is the evidence of the online program's progress towards its stated objectives and outcomes?**

In view of the short pilot duration and its evaluation, there was limited information on the extent to which the online program achieved the aims articulated in Section I.3. However, the following early outcomes were observed by the Griffith evaluators and stakeholders:

- 1. The online program's completion rate was comparable to those of in-person programs.** On average, one-third of participants successfully completed the online program. This was said to be similar to the average completion rate of the in-person version of this program. Some participants did not complete the program because their probation or Parole Orders expired before the end of the program. One stakeholder said, *"if they go past their order time, there is usually nothing to compel them to finish the program."* Some also experienced delayed justice system responses (such as being sentenced to jail time subsequent to starting the program), which prevented those participants from continuing the program. This demonstrates scope to make it more feasible for participants to continuously attend program sessions or mandate completion through more specific intervention orders and/or longer parole or probation orders.
- 2. Similar to the in-person format, the online program created a safe environment for participants to have important conversations about their behaviour.** Both the in-person and online versions of the program are critical mechanisms for participants to reflect on their behaviours – something they would otherwise not do in the absence of this program.
- 3. There is anecdotal evidence that lengthy court proceedings and limited program capacity have led to delays in perpetrators' access to interventions.** One female partner of a program participant said the incident took place two years ago and it had taken a long time to receive a court order.

#### **I.4.4. Research question four: How could the design and implementation of future online perpetrator interventions be improved to better meet outcomes?**

The online pilot of MDVEIP has generated lessons to inform the future design and delivery of online perpetrator interventions. They include:



**There needs to be sufficient lead-in time to ensure both facilitators and participants are ready to be involved in the program.**

It is imperative for service providers to establish specific rules (e.g., no smoking is allowed, a 360-degree scan of the room is needed, participants should be alone in a safe space before logging in, the importance of stable Internet connection and the expectation for participants to participate in conversations). These rules can be communicated to participants prior to the start of a program. Pre-program briefings are also an opportunity for participants to learn how to log in to the program and test their microphone and camera. Program facilitators would also familiarise themselves with delivering intervention programs using a videoconferencing tool. This would reduce the risk of them facing technology issues during the 27-week program.



**An effective integrated service response system needs to be in place prior to the rollout of a program**

Service providers who deliver intervention programs need to establish strong relationships with other frontline service providers so that they can collectively respond to high-risk situations. There should also be clear guidance and protocols on information sharing and referral pathways in place before the program is established. For example, it was observed that program staff at DVPC already had a strong understanding of referral pathways and who to contact at QPS and QCS. This was said to be more complex if the program was to be delivered in more remote areas where there were less DFV support services.



**The justice system plays an important role in ensuring that interventions for perpetrators are delivered in an effective and timely manner**

Most stakeholders acknowledged the need to raise program completion rates. One of the suggested ways to achieve this is to lengthen future court orders to ensure that participants are

compelled to participate and complete behaviour change programs. All court magistrates and judges (including those who work are part of non-DFV specialist courts) would need to have a strong understanding of available interventions to support changes in the behaviour of perpetrators and the duration required to allow full completion of the program. Additionally, perpetrators should also face a range of timely system responses for using family violence – for example, through shorter turnaround time between a domestic violence incident and the issuance of a court order.



**There should be consideration of implementing other wraparound supports to support long-term changes in the behaviour of perpetrators**

Willingness to change is a critical enabler of positive outcomes for perpetrator outcomes. Perpetrators often face other complex issues such as excessive alcohol and drug use, trauma, past abuse and mental health issues. Service providers highlighted the need for behaviour change programs to be supplemented with other wraparound supports to address other co-occurring issues that perpetrators might face.

Similarly, participants should also have access to post-program services, such as individualised counselling, so that they are continuously supported to implement key learnings from the program in their everyday life and are monitored to not repeat their behaviour. The Griffith Evaluation noted that different stakeholders (men, women, practitioners) suggested that post-program supports are important, but would most likely require policy and legislative change to ensure there is compliance. For example, intervention orders could be extended beyond the 27 weeks of program attendance to ensure post-program follow-up. DJAG noted that the Griffith Evaluation flagged the need for further research related to post-program supports.



**Workforce development strategies are critical to support the scaling of perpetrator interventions to more locations**

To support the scaling of online behaviour change programs across other parts of Queensland, there needs to be an accompanying strategy to build a pipeline of skilled workers to deliver these interventions. The evaluation highlighted the multifaceted skills that program facilitators need to have in order to effectively deliver effective behaviour change programs. Given that the sector continues to face workforce shortages in this area, there is an opportunity to consider fast tracking the upskilling of existing DFV workers or encourage more individuals to pursue a career in delivering perpetrator interventions.

## **I.5. Conclusion**

It is highly commendable that DJAG has initiated the trial of innovative delivery methods of perpetrator interventions such as the online MDVEIP. Based on the Griffith Evaluation findings and other stakeholders' perspectives, there is potential for the online delivery of interventions to address challenges related to the general lack of behaviour change programs in specific locations or for selected population cohorts. The design and delivery of future perpetrator interventions should take learnings from this Review into consideration, especially around adequate preparation opportunities for facilitators and participants to ensure that the format does not become a hurdle for participation. It is also important for future evaluations to assess the long-term impact of behaviour change programs on both participants' behaviours and the outcomes of their partners / children (which goes beyond the scope and time frames of this evaluation).

Behaviour change programs are also, but one component of a broader suite of perpetrator interventions in place. It is equally critical to strengthen the broader integrated service system within which these programs are located to ensure that perpetrators receive timely and appropriate interventions and are held to account. Further information on integrated service responses is included in Supporting Outcome 5 and the case study on ISR responses.

# Appendix J

## The establishment of WorkUP Queensland

### J.1. Overview of case study

WorkUP was established in May 2019 to offer support and training for the state's 188 specialist sexual violence, women's health and wellbeing and domestic and family violence services (hereby called the "DFV workforce"). It was founded by The Healing Foundation in partnership with ANROWS and received funding from the Queensland Government for five years from 2019. The establishment of WorkUP as a new workforce capacity and capability service is included in the Third Action Plan as a signature action.

This case study outlines:

- The rationale underpinning WorkUP's establishment
- The types of services and supports that WorkUP delivers to the DFV workforce who delivers domestic and family violence services
- Emerging themes on the impact of WorkUP on workforce capacity and development

### J.2. Lines of enquiry

This case study is aligned with a key question in The Strategy's Evaluation Framework:

- **Outcome Question 4 (EQ4):** Do Queensland's workplaces and workforce challenge attitudes contributing to violence and effectively support workers?

This case study seeks to address four key research questions:

1. What gap does WorkUP fill in the domestic and family violence sector, and how has WorkUP filled this gap?
2. What are the types of activities that WorkUP has delivered for the DFV workforce?
3. What were the implementation enablers and barriers faced by WorkUP in delivering on its remit?
4. What are the future key areas of focus for WorkUP?

#### J.2.1. Data sources

This case study was informed by the following primary and secondary data sources:

- Semi structured interviews with five WorkUP stakeholders – one WorkUP staff and four WorkUP reference group members who are also domestic and family violence service providers
- WorkUP Queensland Website (2022)
- WorkUP Queensland *WorkUP Queensland October – December 2021 Highlights* (2022)
- WorkUP Queensland Presentation (2021)
- WorkUP Queensland Flyer; Strengthening practice Creating healing (2020)
- WorkUP Queensland Flyer; Workforce Capability Project (2020).

#### J.2.2. Limitations

The main intent of this case study is to shed insight on the types of services that WorkUP has delivered since its establishment in 2019. This case study focuses upon the activities delivered by WorkUP rather than its impact – an evaluation of the impact of WorkUP is out of scope.

### J.3. About WorkUP

Chart J.1 WorkUP logo



Source: WorkUP (2022)

WorkUP was established by The Healing Foundation, in partnership with ANROWS. Both organisations bring deep expertise in building this sector’s workforce capability:

- The **Healing Foundation** brings Aboriginal and Torres Strait Islander leadership, cultural awareness and healing to improve the way services interact with Aboriginal and Torres Strait Islander clients. They also aim to increase the proportion of Aboriginal and Torres Strait Islander staff in the sector with cultural awareness forming a key part of the training that WorkUP offers.
- **ANROWS** brings leadership in the development of Knowledge, Translation and Exchange (KTE) in Australia as applied in preventing and responding to violence against women. This KTE practice involves synthesising the results of research and developing resources and communication strategies to support the transfer of the evidence to policy and practice.

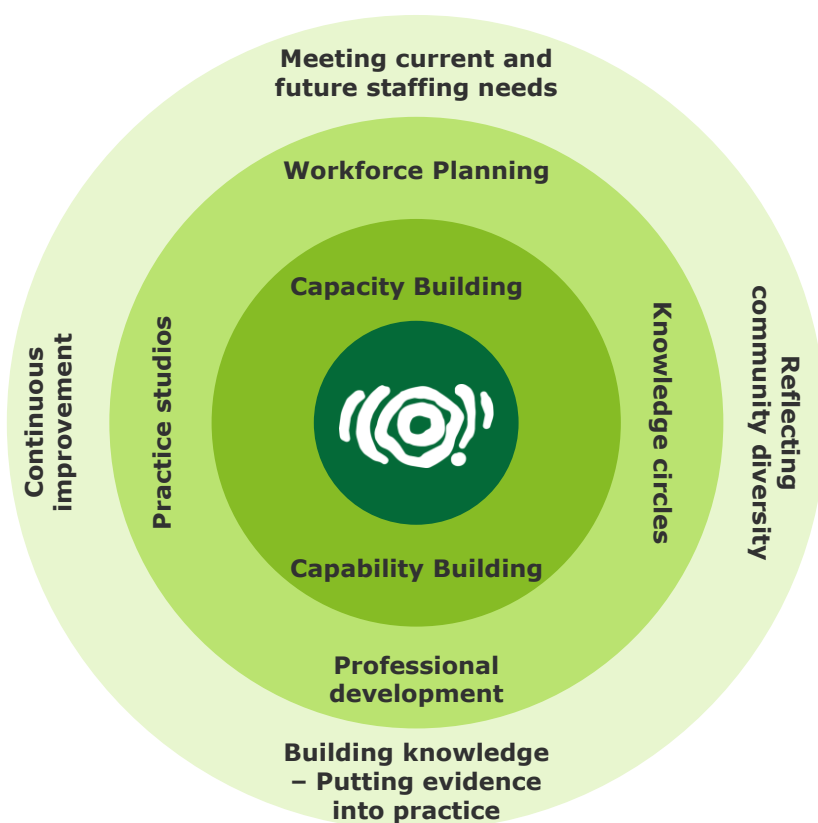
WorkUP works in partnership with the DFV sector to build a strong and capable workforce with a focus on capability and capacity building. It focuses on a range of capacity and capability outcomes, including:

- Growing the workforce
- Developing foundational skills and knowledge
- Strengthening practice
- Supporting implementation of new research
- Enhancing collaboration
- Strengthening responses for First Nations People
- Building leaders in the sector.

WorkUP’s approach to workforce development is implemented through its key services, as presented in Figure J.2.





Figure J.2 WorkUP’s approach to workforce development



Source: WorkUP (2021)

In partnership with other DFV organisations, WorkUP provides a broad range of other services, as outlined in Table J.1 below:

Table J.1 Activities undertaken by WorkUP

Service	Description
	<p>WorkUP provides professional development support for the broader DFV sector. This is provided in partnership with subject matter experts, accredited providers and providers with relevant industry experience. WorkUP’s professional development is delivered in multiple offerings, including:</p> <ul style="list-style-type: none"> <li>• Face-to-face workshop delivery</li> <li>• Coaching and mentoring</li> <li>• Webinars and self-paced modules</li> <li>• action learning projects</li> <li>• Communities of practice</li> <li>• Resource development</li> </ul>
	<p>Practice studios are innovative programs funded through grants that support service providers to implement evidence, research and knowledge. Practice studios allow providers to test evidence in real world situations and to refine implementation processes for wider-scale rollout.</p>



Service	Description
<p data-bbox="197 282 395 342">Collaborative workforce grants</p> 	<p data-bbox="427 282 1394 439">Collaborative workforce grants are provided to organisations with project ideas, but limited capacity to implement. These grants are provided in sums up to \$10,000 per project, with up to \$50,000 able to be allocated every six months. These grants are awarded to support the implementation of projects and activities that organisations otherwise are unable to undertake.</p>
<p data-bbox="197 595 395 618">Knowledge circles</p> 	<p data-bbox="427 595 1394 779">Knowledge circles are programs developed specifically for DFV service workers who identify as Aboriginal and Torres Strait Islander peoples. They are designed to be reflective of traditional methods by which Aboriginal and Torres Strait Islander peoples have shared knowledge for thousands of years. Knowledge circles supports planning and the design of practical approaches to enhance service delivery. They are underpinned by the following principles:</p> <ul data-bbox="427 801 1394 1021" style="list-style-type: none"> <li>• Enables equal and collaborative way of working</li> <li>• Does not presume person’s knowledge is greater than another’s</li> <li>• Recognises Aboriginal and Torres Strait Islander world views</li> <li>• Respects all participants’ knowledge</li> <li>• Strengthens understanding and ensures equal responsibility for outcomes</li> <li>• Ensures ownership of the knowledge created rests with the circle in which it was created and is returned to the group</li> </ul>
<p data-bbox="197 1066 395 1088">Scholarships</p> 	<p data-bbox="427 1066 1394 1249">WorkUP provides scholarship opportunities of up to \$20,000 in value for selected individuals who are part of the DFV workforce to undertake formal training. These scholarships are awarded based upon a competitive application process. These scholarships are an avenue through which the broader DFV sector can upskill and gain further expertise. Successful scholarship applicants can undertake further studies in the following areas:</p> <ul data-bbox="427 1272 1394 1536" style="list-style-type: none"> <li>• Domestic and Family Violence Practice</li> <li>• Business (Philanthropy and Non-profit Studies)</li> <li>• Indigenous Trauma and Recovery Practice</li> <li>• Facilitating Men’s Behaviour Change</li> <li>• Domestic and Family Violence Practice</li> <li>• Psychological Sciences</li> <li>• Applied Coaching</li> <li>• Human Rights</li> </ul>
<p data-bbox="197 1581 395 1641">Workforce planning</p> 	<p data-bbox="427 1581 1394 1731">WorkUP works with the sector to develop state-wide and regional strategic workforce plans. These plans guide the delivery of work across a workforce planning spectrum. WorkUP also offers a range of workforce planning skills development opportunities to enable the sector to embed strategic workforce planning in their own organisation.</p> <p data-bbox="427 1753 1394 1883">These have the ultimate purpose of ensuring the right people, with the right skills, in the right numbers, in the right location and at the right time are organised and interacting in the right ways to deliver the right services for the sake of better well-being and care for the community.</p>

Source: WorkUP (2022)

## J.4. Case study findings

### J.4.1. Research question one: What gap does WorkUP fill in the domestic and family violence sector, and how has WorkUP filled this gap?

Service providers that were engaged during this case study said that prior to WorkUP's establishment, **there was no shared understanding on the capabilities that the DFV workforce is required to have to deliver effective services**. Service providers said that they adopted inconsistent approaches to workforce development. The DFV workforce received different types of professional development, some of which were perceived to be more generalised, for example sessions that provided a basic understanding of the drivers and signs of DFV in society and did not specifically focus on domestic and family violence service supports.

According to stakeholders, WorkUP addressed this issue by:

- Eliminating the time and effort required to look for high-quality and relevant training opportunities. WorkUP – in collaboration with service providers – identified professional development that was relevant to the sector.
- Reducing the cost to access appropriate professional development or training resources, with one stakeholder commenting that:

“Without WorkUP, I might have to spend \$1,800 on training, but when we access it through WorkUP, the cost drops to \$400. This means more of my staff could access this resource.”

- Identifying gaps in professional development for the DFV workforce. For example, through consultations with reference group members, WorkUP identified significant demand for trauma-informed practice across the sector and developed resources in this area. This was reported to Deloitte through stakeholder interviews.

Additionally, WorkUP also **provides specialised guidance to DFV specialist organisations to improve the quality and consistency of supports to victims and perpetrators of DFV**.

According to stakeholders, there was a gap in these services prior to the establishment of WorkUP. For example, the DJAG developed the DFV Services Practice Principles and expected DFV services to comply with these Principles by 1 January 2021. To support compliance, WorkUP developed the “Practice Principles, Standards and Guidance Support” project to enable services to assess how they are going with implementation and to provide personalised assistance if required.

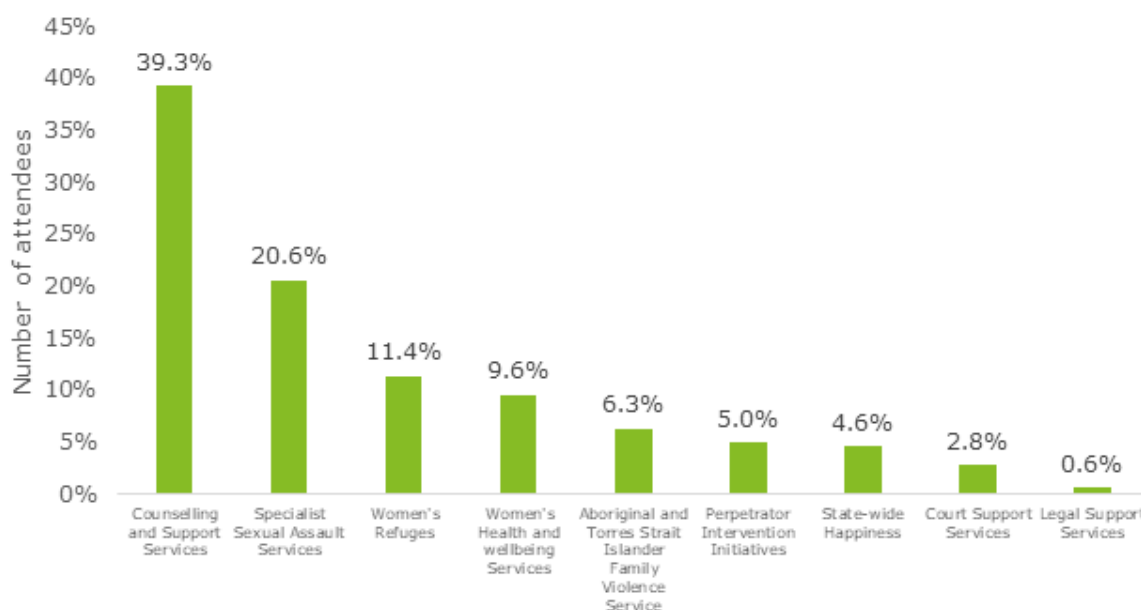
### J.4.2. Research question two: What are the types of activities that WorkUP has delivered for the DFV workforce?

Given WorkUP's early stage of implementation, its broader impact on the sector in these terms have not been measured at this time. Consequently, this section discusses WorkUP's program delivery in terms of program attendance and take-up, as well as stakeholder reflections.

#### J.4.2.1. Professional development

In 2020-21, 1,159 individuals engaged in WorkUP's 68 professional development events across Queensland. These individuals are employed at a wide range of service types, as illustrated in Chart J.1. In total, there were 827 attendees over the period, with counselling and support services employees accounting for 39.3% of all attendances. Without further evidence, however, it is difficult to conclude whether the distribution of attendees to WorkUP training is a biased sample or indicative of the broader makeup of the DFV workforce.

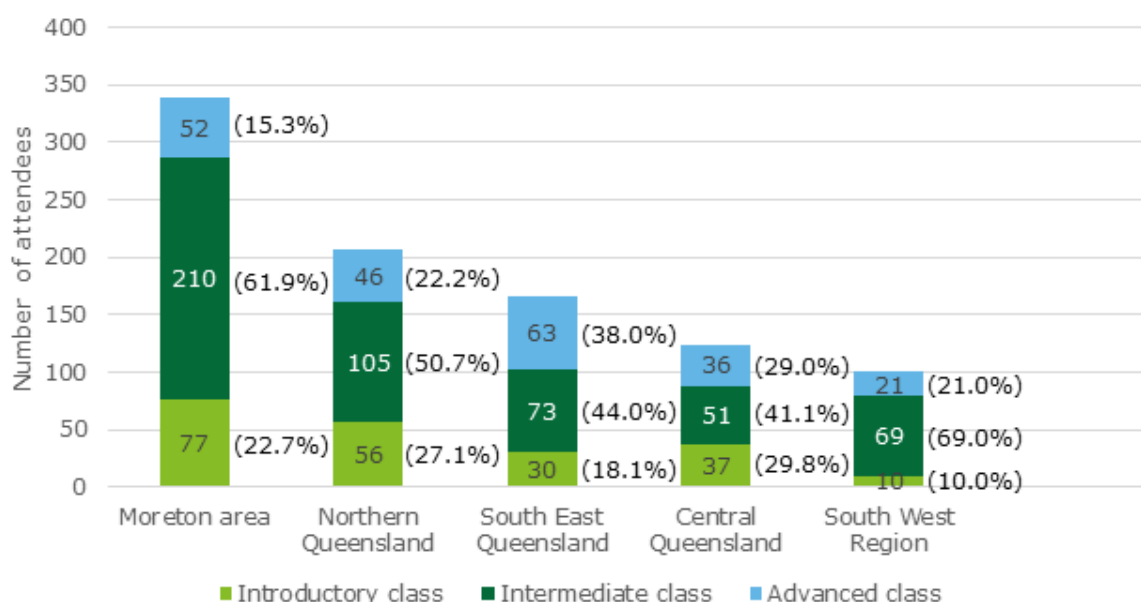
Chart J.1 WorkUP professional development program attendance by attendee’s service line, 2020-21



Source: WorkUP (2021)

By location, sector workers from all five Queensland regions attended WorkUP’s professional development programs, broken down by attendance and class-level attended in Chart J.2. Notably, the Moreton area contributed 36.2% of attendances, a figure which reached 54.0% when including South-East Queensland – together, the two most populous regions of Queensland. Demand for professional development varies by region – for example, across regions, most attendances were for intermediary classes, particularly in the Moreton area, while South-East Queensland had the highest proportion of advanced class attendances and Central Queensland had the highest proportion of introductory class attendance.

Chart J.2 WorkUP professional development program attendance by region, 2020-21



Source: WorkUP (2021)

Note: Brackets indicate percentage of total attendees within region across class type.

Evidence suggests that WorkUP’s professional development programs have contributed to improved knowledge and skills in the DFV sector. WorkUP’s 2020-21 survey of participants

demonstrates this finding that knowledge ratings<sup>90</sup> on a training topic increased from 54% before training to 76% after training.

#### J.4.2.2. Knowledge circles

WorkUP has also continued to run knowledge circles during 2020-21 in a virtual format. Knowledge circles are programs developed specifically for DFV service workers who identify as Aboriginal and Torres Strait Islander peoples. These have allowed WorkUP to continue to engage with the sector's Aboriginal and Torres Strait Island DFV services and workforce. Over 30 participants engaged with the five sessions from April to June 2021, covering a host of topics which included:

- Responding to the challenges of the COVID-19 pandemic within the Aboriginal and Torres Strait Islander Domestic and Family Violence Sector
- Responding to people experiencing intergenerational trauma
- Strategies for engagement in behaviour change programs when face-to-face groups are not possible
- Understanding and responding to increased risk of DFV in disasters through shared knowledge and practice
- Self-care strategies for staff

Despite being a new medium for knowledge circles to be run, the virtual format proved to be effective ways for these cohort-specific workers to connect in meaningful ways. In doing so, WorkUP demonstrated its ability to further adapt its service delivery to continue to engage with the Aboriginal and Torres Strait Islander workforce.

#### J.4.2.3. Practice studios

WorkUP aims to support at least two practice studios per year. Practice studios allow providers to test evidence in real-world situations and to refine implementation processes for wider-scale rollout. Five practice studios were included in WorkUP's Practice Studio showcase 2021, as below:

- **Gympie Community Action group:** Tested the implementation of the Social Entrapment Framework to enable and support women to properly communicate their experiences in a way justice systems and other systems can comprehend.
- **Cairns Sexual Assault Service:** This practice studio tested the implementation of the Trauma and Violence Informed Framework in their services as well as within other local services.
- **Women's Health Queensland:** Developed the Women's Community Ally Network to empower communities with skills they need to undertake prevention programs and support community members experiencing DFV.
- **DVConnect:** Tested the application of the ANROWS project 'Multicultural and Settlement Services supporting women experiencing violence' by augmenting their own capacity to support CALD clients and support those same services to support women experiencing violence.
- **Children by Choice:** Developed resources to support women in CALD communities to be better informed about their reproductive health, reproductive coercion, abuse and abortion. This practice studio is explored in further depth in the box below.

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<sup>90</sup> WorkUP's knowledge rating is based on participants' own rating of their knowledge before and after participating in WorkUP's professional development offerings (0-100 scale). WorkUP reports on the difference in knowledge following professional development (average knowledge rating after training, minus average knowledge rating before training).

### **Practice Studio Example: The Cultural and Language Inclusive Practice Studio**

This practice studio was hosted by Children by Choice, an organisation dedicated to ensuring people can freely and safely make their own reproductive and sexual health choices without barriers. The practice studio utilised ANROWS research on Multicultural and Settlement Services Supporting Women Experiencing Violence, which identified a set of challenges and barriers to access reproductive health and domestic violence services among migrant and refugee women in Australia.

#### ***The problem***

Across four CALD communities investigated through the practice studio, it was found that women often lacked knowledge and experience regarding topics of reproductive health, reproductive coercion, abuse and abortion.

#### ***The solution***

The practice studio allowed Children by Choice to identify information gaps in examined communities and to fill these gaps with relevant and culturally appropriate resources cocreated with the communities. These information gaps were identified through consultations with women from resettlement services, health care services and the broader community across four different CALD communities. These communities included:

- The Congolese community from a refugee background who speak Swahili as one of their main languages
- The Ezidi Community from a refugee background who speak Kurdish Kurmanji
- The Syrian community from a refugee background who speak Arabic
- The Latin American community who are international students and speak Spanish

At the end of this process, women were proud to share these resources with their respective communities. They were also empowered with knowledge and expertise relevant to the reproductive health and abusive behaviours.

Resources produced by the practice studio included brochures and posters, accessible information on the Children by Choice website, as well as short informational films. All resources were produced to be accessed in the language of communities collaborated with to produce the content. Further information about the practice studio can be found [here](#).

#### **J.4.2.4. Scholarships**

In 2020-21, WorkUP provided 24 scholarships to the DFV workforce to undertake further study and training. Examples of the specific degrees undertaken across these 24 scholarships were provided by WorkUP as below:

- Master of Domestic and Family Violence Practice
- Bachelor of Psychological Sciences
- Master of Narrative Therapy and Community Work
- Graduate Diploma of Mental Health
- Graduate Certificate in Applied Coaching
- Graduate Certificate in Domestic and Family Violence Practice
- Graduate Certificate in Business (Philanthropy and Non-Profit Studies)
- Graduate Certificate in Indigenous Trauma and Recovery Practice
- Graduate Certificate in Facilitating Men's Behaviour Change

#### **J.4.2.5. Workforce Planning**

WorkUP is currently working in partnership with the DFV sector to develop a workforce capability framework. The capability framework is intended to support organisations in the workforce by:

- Guiding the development of position descriptions
- Guiding appraisals in a transparent way
- Helping determine pathways toward career development goals

Commercial-in-confidence

- Informing organisation-wide improvement plans
- Adding value in meeting existing requirements, such as the domestic and family violence practice standards
- Providing a common language across the sector
- Contributing to greater recognition and validation of sector skills

The framework is being developed to support smaller organisations, which may not have a significant capacity for human resources as well as larger organisations, which may already have frameworks in place. In this way, it is aimed to both provide flexibility to the sector as well as structure where there are currently limitations.

#### **J.4.3. Research question three: What were the implementation enablers and barriers faced by WorkUP in delivering on its remit?**

Through stakeholder consultations conducted by Deloitte Access Economics, a range of enablers and barriers were identified during the establishment of WorkUP and the rollout of its services. The list of **enablers and barriers** are provided in Table J.1. These enablers and barriers are discussed in greater detail below.

Table J.1 Enablers and barriers to WorkUP program implementation

<b>Enablers</b>	<b>Barriers</b>
WorkUP's codesign and sector-driven approach	Limited time and staffing resources to engage in professional development
Successful transition to online service delivery	Limited awareness of WorkUP
Established by independent and credible organisations	Organisational support toward workforce capability development
	Queensland's geographic and population sparsity

Source: Deloitte Access Economics

#### **J.4.4. Enablers**

##### **J.4.4.1. WorkUP's codesign and sector-driven approach**

WorkUP adopted a codesign and collaborative approach in identifying the DFV workforce's development needs. This connection to the sector has been maintained through the establishment of a reference group (which consists of representatives from the sector), workforce planning sessions and knowledge circles. The reference group is especially commended because it reflects WorkUP's willingness to listen to the sector.

Stakeholders said that this codesign approach has enabled WorkUP to:

- Identify and select the appropriate providers to lead the delivery of specific work, such as training resources and the development of an appropriate workforce capability framework.
- Capture the perspectives of diverse population cohorts that make up the DFV workforce. For example, WorkUP worked closely with workers who identify as Aboriginal and Torres Strait Islander peoples prior to the development of culturally appropriate offerings.
- Serve as an intermediary and connect the sector to experts who already currently operate within it.
- Continuously adapt and expand its service offerings based on the needs of the sector. This is achieved through frequent engagement with different parts of the sector.

"WorkUP does sector consultation really well. They distribute different surveys to practitioners and organisations on a regular basis, and this helps them remain responsive to what the sector asks for."

#### **J.4.4.2. Successful transition to online service delivery**

Similar to other organisations, WorkUP had to transition to deliver its services through virtual channels following the introduction of COVID-19-related restrictions. Most stakeholders commended this transition, as it improved workers' ability to access WorkUP's service offerings and resources. This provided flexibility for time poor workers to do professional development at their preferred time and enabled regional and rural workers to access training opportunities that were previously mainly delivered in metropolitan locations.

#### **J.4.4.3. Established by independent and credible organisations**

There was also strong buy-in and support for WorkUP, as it was established by two organisations (The Healing Foundation and ANROWS) that are widely respected by the sector. Given that these organisations do not directly provide services to victims and perpetrators, they are considered to be independent parties who are well positioned to lead the sector's workforce capability development.

#### **J.4.5. Barriers**

##### **J.4.5.1. Limited time and staffing resources to engage in professional development**

While WorkUP is perceived to be well-funded, the broader DFV sector itself faces broader staffing resourcing constraints. Service providers do not have adequate staffing resources to allow their staff to leave work and engage in professional development. This means that in many cases, accessing training opportunities came at the expense of not being able to provide timely supports to victims or perpetrators.

"Organisations cannot afford to get them to participate in training because there is no one to replace them. This means that these workers do not have time to step out and reflect on their work."

##### **J.4.5.2. Limited awareness of WorkUP**

Several stakeholders noted that there was generally limited awareness of WorkUP and the professional development and other services it provides. Some reference group members raised awareness of WorkUP to their respective organisations. However, they said that there remains scope to raise awareness of WorkUP to other service providers (particularly smaller providers in regional and remote areas), enabling more workers and organisations to be able to tap into its resources and services.

##### **J.4.5.3. Lack of organisational support toward workforce capability development**

Stakeholders emphasised the importance of organisational support for DFV workforce development. They observed large variations in organisational support for professional development. For example, some providers would not support the capability development of part-time workers because they do not consider it to be their responsibility to do so. Other providers have conversely encouraged their staff to prioritise professional development to maintain industry currency.

##### **J.4.5.4. Queensland's geographic and population sparsity**

Queensland has a wide geographic reach across which clusters of populations reside in regional and remote areas. This means that where there are service providers available in this area, there is often limited capacity for them to travel to locations where WorkUP professional development services are being facilitated, leaving regional and remote service providers with fewer opportunities to access training. Travelling for training also requires substantial investment in time and staffing resources, which is challenging for organisations who face staff shortages. It is acknowledged that WorkUP provides travel support subsidies to people in rural and remote areas to alleviate this barrier. This barrier may also be prominent in 2020, when most of WorkUP's training offerings were delivered in-person. As a result of the COVID-19 pandemic, WorkUP has increasingly delivered more online service offerings.

#### **J.4.6. Research question four: What are the future key areas of focus for WorkUP?**

Stakeholders provided the following key suggestions to further strengthen WorkUP's service delivery model:

1. **Deliver more specialised training sessions.** The types of professional development that WorkUP currently delivers are perceived to be more generalised in nature to cater to the broader workforce. Moving forward, stakeholders have suggested for WorkUP to consider developing more specialised training on specific areas of interest. These trainings are likely to be more intensive and longer in duration. Some examples of specialised topics include managing the impact of homicides, how female workers can effectively work with young men (who are perpetrators) and effective strategies to address worker burnout.
2. **Ensure that its workforce capability framework is broadly used by the sector.** Stakeholders acknowledged that a workforce capability framework is currently being developed by WorkUP (in collaboration with service providers). They see this framework as a critical document to support the attraction, upskilling and retention of the broader DFV workforce.
3. **Strengthen online delivery options.** Given that WorkUP had to rapidly transition to online service delivery during the pandemic, there were understandably some challenges in this area. For example, some stakeholders observed that some professional development sessions were not effectively tailored to an online format. That said, stakeholders suggest the switch to online delivery has been successful, and given that strong demand for its online service offerings is expected to continue, WorkUP can consider investing in platforms and mechanisms to improve user experience and better support providers to deliver online training sessions in an effective and engaging manner.

#### **J.4.7. Learnings for the future of DFV workforce development**

The establishment of WorkUP Queensland has also generated several lessons for future workforce-related initiatives in the DFV sector. They include:

- **The importance of listening to the sector and tailoring services to be aligned with their needs.** Most stakeholders commended WorkUP's collaborative approach in developing service offerings. They have continuously worked in partnership with the sector to deliver innovative and professional development solutions that address the evolving needs of the sector. A stakeholder said, "*WorkUP makes the sector feel heard and valued in their consultation sessions.*"
- **The need for service providers to encourage workers to engage in professional development.** DFV sector workers are unable to prioritise professional development due to other competing priorities. This may also be a function of broader recruitment challenges, as organisations are unable to find replacements so that workers can attend training. There should, therefore, be consideration on how to encourage organisations to continuously support the upskilling and capability development of their workers.
- **Consideration on how professional development can support the wellbeing and job satisfaction of workers.** The sector faces significant workforce challenges, such as increased burnout, recruitment challenges and high rates of workforce turnover. There should be consideration on how WorkUP – in collaboration with relevant government departments – can consider developing solutions to address these long-standing issues. For example, a stakeholder noted the potential for further professional supervision opportunities in supporting the capability development and wellbeing of workers in this sector beyond what is currently offered through programs like the knowledge circles.



# Appendix K

## The Community Justice Group DFV Enhancement Program

### K.1. Overview of case study

This case study reviews the impacts that the Community Justice Group Domestic and Family Violence Enhancement Program (“the DFV enhancement program”) on the supports provided by Community Justice Groups (CJGs). CJGs support Aboriginal and/or Torres Strait Islander communities using a place-based approach – an approach which utilises local community leaders and organisations to provide local solutions for local problems. CJGs use this approach to address crime and justice-related issues in their community by utilising cultural leadership and capability to contribute to whole of system outcomes.

This case study investigates:

- The role of CJGs and how they are supported by the DFV Enhancement Program
- The opportunities the DFV enhancement program has provided for the Mossman EJG, a CJG located in Mossman
- The drivers of success and challenges faced by Aboriginal and Torres Strait Islander communities through the lens of the Mossman community
- Learnings from the Mossman EJG to strengthen the impacts of CJGs and place-based models going forward.

### K.2. Lines of enquiry

This case study seeks to develop and answer several key research questions. Questions have been developed and are aligned to The Strategy’s Evaluation Framework. In particular, the questions address:

- **Outcome Question 5 (EQ5):** To what extent are victims and their families safe and supported?
- **Outcome Question 6 (EQ6):** To what extent have perpetrators stopped using violence and are they held to account?
- **Outcome Question 7 (EQ7):** Does the justice system deal effectively with domestic and family violence?
- **Equity question:** To what extent has progress been made to address equity priorities for diverse groups who may be experiencing vulnerability?

Key research questions include:

1. What are the key features of the CJG model?
2. How has funding from the DFV enhancement program been used by CJGs?
3. What are the key success factors, which enhanced the Mossman EJG’s ability to address DFV problems?
4. What were the challenges faced by the Mossman EJG in delivering DFV-related supports to the community?
5. What are the opportunities to strengthen the CJG and other place-based models going forward?

### **K.2.1. Data sources**

This case study was informed by the following primary and secondary data sources:

#### Primary

- In-person site visit to the Mossman EJG and discussion with three staff members, three community Elders and nine government and nongovernment service delivery representatives who were based at Cairns and Mossman. This location was recommended by the DJAG.

#### Secondary

- Department of Justice and the Attorney General (2021). Community Justice Group Program
- Department of Justice and the Attorney General (2020). Framework for Stronger Community Justice Groups
- Department of Justice and the Attorney General (2017). Mossman EJG's Community Justice Group Domestic and Family Violence Enhancement Program proposal submission form
- Department of Justice and the Attorney General (2017). Mossman EJG's Community Justice Group Domestic and Family Violence Enhancement Program funding assessment panel report
- Department of Justice and the Attorney General (2017). Mossman EJG's Community Justice Group Domestic and Family Violence Enhancement Program codesign and implementation documentation.

### **K.2.2. Limitations**

There are two key limitations to keep in consideration in reviewing this case study:

- Evaluation of the outcomes of the Mossman EJG and other Community Justice Groups was outside the scope of this case study. This case study focuses on examining the processes of the Mossman EJG as recipients of program enhancement funding, targeted to the development of placed based support structures. An evaluation is currently underway for the CJG and CJG DFV program which will report on outcomes.
- The service delivery model of CJGs would be tailored to the needs of individual communities – therefore, learnings from the Mossman EJG may not apply to all locations and contexts.

## **K.3. Case study findings**

### **K.3.1. What are the key features of the CJG model?**

CJGs are non-government organisations which exist across more than 40 communities in Queensland. They were introduced initially through a pilot in 1993 which arose in response to the Royal Commission into Aboriginal Deaths in Custody and have developed and evolved since. Their purpose is to work towards reducing the over-representation of Aboriginal and Torres Strait Islander offenders and victims within the criminal justice system by delivering culturally appropriate support services to improve individual outcomes, as well as to increase cultural understanding in the court and wider criminal justice system. The role of CJGs is summarised in Figure K.1.

Figure K.1 The role of Community Justice Groups according to the Framework for Stronger Community Justice Groups



Source: DJAG (2021)

CJGs provide community support at every stage of the justice system, from prevention through to transitioning individuals from the justice system back into the community. Based on the Framework for stronger Community Justice Groups, CJGs undertake the following key activities:

- 1. Prevention, awareness, and education:** Activities that aim to prevent Aboriginal and/or Torres Strait Islander people from coming into contact with the justice system such as men’s and women’s groups, education programs in schools, healing programs, sporting activities and Blue Card applications
- 2. Early intervention:** Activities that aim to address matters before escalation to the criminal justice system is necessary, including mediation and peacemaking activities, home visits from Elders or CJG members, yarning circles, on-country healing programs and youth programs.
- 3. Within the court process:** Activities that support Magistrates Courts, Murri Courts and Specialist Domestic and Family Violence Courts, including preparing cultural reports, assisting defendants, victims and their families, Youth Justice case conferencing and contributing to the cultural capability of the court process
- 4. While in custody and under supervision:** Activities that support Aboriginal and/or Torres Strait Islander people during periods of incarceration or while at the watch house, on parole, or community-based orders. This includes prison visits from Elders or CJG members, preparing parole support letters, on-call watch house cell visits, working with QCS regarding compliance with parole and community-based orders alongside practical support like transport and access to housing
- 5. Transition from custody back into community:** Activities designed to assist Aboriginal and/or Torres Strait Islander people to successfully transition from custody back into the community, such as prisoner reintegration programs, referrals for support services, yarning circles, or transport from custody.

Most importantly, the Framework is a vehicle for government agencies to identify ways of working together to acknowledge, remunerate and support the work of CJGs. CJGs also deliver a range of short-, medium- and long-term outcomes, as detailed in the table below.

Table K.1 Outcomes of the Community Justice Program

Timing	Outcomes
Short term	Court decisions are culturally informed Stakeholders work with community members in culturally responsive ways.

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	Issues of law and order are addressed in a way the community understands and links law and lore
	People receive culturally appropriate services to address underlying needs
	People in contact with the justice system know what is happening and know what to do.

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Medium term	Cultural safety, rights and interests of Aboriginal and/or Torres Strait Islander people are supported in the justice system
	People in contact with the justice system have confidence in the system
	People address underlying needs that contribute to or are related to offending
	Communities have a say in how victims, offenders and their families are supported.

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Long term	Aboriginal and/or Torres Strait Islander overrepresentation in and contact with the criminal justice system is reduced.
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Source: DJAG (2021)

As CJGs are place-based, they adjust their service delivery model and types of offerings to address the issues specific to their community. DJAG funds the delivery of the Community Justice Group Program.

### **K.3.2. How has funding from the DFV enhancement program been used by CJGs?**

#### **K.3.2.1. About the DFV Enhancement Program**

The DFV Enhancement Program was established under the Second Action Plan and maintained through the Third Action Plan. In total, the program provides an additional \$150,000 to 18 CJGs each year, with the purpose of building the capacity of these CJGs to respond to DFV in their communities. This can be achieved through wraparound initiatives such as:

- Delivering court support
- Delivering support programs such as men's and women's groups, yarning circles, etc.
- Providing specialist support programs through the use of brokerage
- Delivering prevention and early intervention initiatives such as school education programs, peacekeeping, establishing or developing the capacity of Local Authority Groups to respond to DFV, crime and violence.

#### **K.3.2.2. About the Mossman EJG and how it has been supported by the additional DFV funding**

As part of this case study, Deloitte visited the Mossman EJG, a CJG in Mossman named in reference to the significant role played by the community's Elders in the organisation. Mossman is located 75km north of Cairns and has a population of approximately 2,000 people.<sup>91</sup> Aboriginal and Torres Strait Islander peoples account for 17.5 percent of its population, which is disproportionately higher than the state-wide average of 4.0 percent.<sup>92</sup> The Mossman EJG is located at the town centre and is open daily. It has been established for over 25 years. There is a full-time staff (a coordinator) and two part-time staff who run specific programs. The Aboriginal and Torres Strait Islander community largely resides in its own area approximately two-to-three kilometres away from the town centre (close to Mossman Gorge).

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<sup>91</sup> ABS Census (2016).

<sup>92</sup> ABS Census (2016).

The Mossman EJG applied to receive funding from the DFV Enhancement Program to address two key gaps in service delivery:

1. **The lack of a hub space through which services could be offered.** In addition to having limited space to deliver services, stakeholders perceived that the environment was less conducive for the specific DFV-related supports that the community needed.
2. **Insufficient staffing resources to support victims and perpetrators.** The Mossman EJG coordinator identified a gap in supports for Aboriginal and Torres Strait Islander men, some of whom were perpetrators.

Upon receiving funding, a codesign process was undertaken between the Mossman EJG, Elders, community stakeholders and representatives from the CIP. Based on that codesign process, the Mossman EJG utilised the funding by establishing a larger, more communal space for the hub to operate out of, while also resourcing the group to hire additional staff to run the men's and women's groups.

### Justice Hub

Since establishment, the Mossman EJG has operated across a variety of different locations, each similarly limited in space prior to receiving funding from the DFV Enhancement program. The group previously operated out of demountable units, small-office spaces and directly prior to receiving the funding, out of the Mossman courthouse itself. These locations were not culturally safe environments where Aboriginal and Torres Strait Islander clients felt safe to seek assistance without judgement, as they were not always conducive to engagement with the community. This was particularly true when the hub was located in the Mossman courthouse – a place where many of the community members felt uncomfortable to visit due to its imposing nature. The DFV Enhancement Program funding provided an opportunity to support the leasing of a hub space located 50 metres from the court, thereby retaining access to court services, while also creating a more welcoming space (see Figure K.2 and Figure K.3).

Figure K.2 Mossman EJG location



Source: Deloitte Access Economics (2022)

Note: The Mossman courthouse is located to the right of Mossman EJG.

Figure K.3 Mossman courthouse



Source: Deloitte Access Economics (2022)

The Justice Hub is able to operate as a culturally safe space for government and nongovernment services to be hosted, while also being used for services offered specifically by the Mossman EJG. These Mossman EJG services include:

- Drop-in court referral application assistance
- Elder support
- A women's group
- A men's group
- Spaces for children to spend time, while parents engage with the group

A range of support service providers utilise the hub space to deliver their services, and the Mossman EJG is always on the lookout for more to invite to utilise the space. Partnerships are crucial and MEJG are always looking to partner with support agencies. For example, when the previous Mossman Youth Centre Coordinator and CJG Coordinator identified a service gap for Mossman youth, the hub was able to play a locational role in servicing that gap. This problem identification evolved when it was found that the staff from the Youth Empowered Towards Independence program were looking to provide support within the region, ultimately leading to the establishment of a full-time support agency providing dedicated youth support through the use of the Hub.

There are a range of similar examples of organisations, which utilise the Hub space, such as:

- **QCS (Community Corrections)** run programs (like Positive Futures) and other behavioural change programs from the Hub
- **Cairns & Hinterland First Nations Health** COVID response team was able to run a vaccine clinic and local awareness campaigns from the Hub
- **Alcohol, Tobacco and Other Drugs Service (ATODS)** conduct weekly face-to-face client-based support from the Hub

### **Men's and women's groups**

The Mossman EJG also used the additional funding to recruit two part-time staff who coordinate the design and delivery of men's and women's programs. These groups provide a safe space for men and women respectively to 'have a yarn' while also being an opportunity for enabling the community to engage with culture and build relationships with Elders who are involved in the program. These groups also provide the opportunity for part-time coordinators to build trusted relationships with participants and create a supportive environment for participants to discuss problems they are facing without judgement.

Alongside running these groups, the part-time coordinators also provide court support to the men and women in the community, particularly on court day (every Wednesday). This support has been a primary purpose of the Mossman EJG since its establishment – they ensure that the community



can meet their respective court obligations. Some examples of activities undertaken by Mossman EJG staff include:

- Driving to the houses of involved community members in the morning before court starts to remind them of their obligations and what is required of them
- Supporting and comforting community members in the leadup and engagement with court
- Supporting community members to understand what is expected of them in more tangible terms than is conveyed through court jargon

### **K.3.3. What are the key success factors, which enhanced the Mossman EJG's ability to address DFV problems?**

The Mossman EJG has played a significant and positive role in the Mossman community, taking strides to improve outcomes in the community and acting as an example of the success, which can be generated by CJGs in beginning to address DFV problems in the community. Based on Deloitte's engagement with stakeholders, there were five key success factors:

#### **K.3.3.1.A safe and non-judgemental environment**

First and foremost, the Mossman EJG has provided a safe space for community members to access and receive support, as needed. This role has been further expanded with the justice hub funded through the DFV Enhancement Program. Community members know they are able to turn up to the hub or gain support from the Mossman EJG staff during the day and, in extreme circumstances, at points of crisis without judgement, and this is a significant enabler of the organisation's ability to support the community.

"The Justice hub provides a safe space for us and the community to come and get the help they need. It's really helped us to engage with those who need our help in a safe way."

- Mossman EJG stakeholder

#### **K.3.3.2. Significant Elder involvement**

Mossman's Elders organise and contribute to activities alongside Mossman EJG staff, and this lends community credibility to the Mossman EJG. Further, it provides the community with more opportunities to engage and connect with their culture through activities run by both Mossman EJG staff members and the community's Elders. This factor has allowed the Mossman EJG to be embedded within the community not only at the social level, but also at the cultural level. The Mossman EJG also enables Elders to build stronger relationships with young individuals in the community.

#### **K.3.3.3. Proactive and impassioned community outreach**

Staff at the Mossman EJG are passionate about their roles, and this often leads them to go beyond their job descriptions. For example, staff will often conduct house visits with individuals within the community, and in the morning on court days, staff drive around the community remind community members about what was required of them and of the potential consequences of missing their court obligations. They are supported in expanding their roles in this way because of their standing in the community. However, given that two of the three staff are only employed on a part-time basis, engaging in these activities often came at expense of working beyond their specified hours.

#### **K.3.3.4. The important role of the coordinator as a central node for service delivery**

The Mossman CJG coordinator plays a pivotal role not only within the Mossman EJG, but also within the broader community. She acts as a central node through which support services can communicate to disseminate information and services throughout the community's network and, in doing so, support services are enabled to operate more effectively and efficiently within the community. The coordinator further supports collaboration among service providers by organising quarterly check-ins with other government service providers to discuss the most appropriate approaches to address observed issues in the community. Notably, there is also direct collaboration between service providers who often support the same clients.

### **K.3.3.5. Personalised and culturally appropriate supports**

In line with the first two findings, consultations demonstrated the importance of community outreach to place-based approaches. The Mossman EJJ is able to build trusted relationships within its community to develop a detailed, individual-level understanding of community needs. The benefits of this are two-fold: firstly, staff are able to ensure service referrals will be appropriate and effective for individuals and, secondly, they can ensure services are delivered in a culturally appropriate way. For example, programs that connect young people to their cultural roots have been reportedly effective in the Mossman community, and services should often be delivered to exclusively male and female groups in Aboriginal and Torres Strait Islander communities.

“Cultural heritage is really important to the Aboriginal and Torres Strait Islander community. Even to those who aren’t as familiar with it as others, we see changes in their perspectives and actions when they are given the opportunity to engage with their roots. It’s really important that we can help them to do this.”

- Mossman EJJ stakeholder

### **K.3.4. What were the challenges faced by the Mossman EJJ in delivering DFV-related supports to the community?**

Stakeholders highlighted a wide range of issues and challenges in delivering services to the Mossman community. They are broadly consistent with those identified in the Framework for Stronger Community Justice Groups.<sup>93</sup> These challenges are ultimately affected by the remoteness of the location, limited resources and broader socioeconomic contexts. These challenges are discussed in greater depth in the remaining subsections.

#### **K.3.4.1. Lack of specialised service providers**

It is acknowledged that most government service providers frequently travel from Cairns and Mossman to deliver appropriate supports and services. Some of these providers have acknowledged the important role of the hub space, as it has provided them with a space to operate through. However, there remains a general lack of specialised services in Mossman – something which impedes timely access to appropriate supports. Further, the distance from Mossman to Cairns has historically acted as a barrier to service access within the community, reducing the ability for individuals to access services not offered in Mossman due to travel expenses and limited transport options.

The absence of specialised services has far-reaching impacts. For example, by limiting the capacity for frontline service agencies to refer cases to more appropriate service providers. Further, Mossman has experienced the closure of specific funded government services in the area due to the discontinuation of funding by federal or state governments. This exacerbates the situation of limited services for individuals who are vulnerable in the area.

#### **K.3.4.2. Workforce recruitment and retention challenges**

Most stakeholders agreed that service providers at Mossman (including the Mossman EJJ itself) continue to face workforce recruitment and retention issues. While this is partly a function of limited financial resourcing, stakeholders also acknowledged ongoing challenges related to succession planning and recruiting specialised workers in the area. Stakeholders also note that there are no available workers in Mossman with specialised counselling skills for young people (particularly young people who do not attend schools and have experienced trauma).

There is also a scope to provide appropriate professional development so that frontline workers have the capability to fulfill their roles and provide culturally appropriate supports. For example, a worker said that she attended a full-day training on mental health, but she feels less confident in her ability to provide immediate support to individuals, particularly given the lack of specialised services in the area. Notably, a degree of cultural appropriateness in service delivery is beyond

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<sup>93</sup> Queensland Courts (2021). Framework for Stronger Community Justice Groups.

[https://www.courts.qld.gov.au/data/assets/pdf\\_file/0005/657887/cip-cjq-brochure-stronger-framework.pdf](https://www.courts.qld.gov.au/data/assets/pdf_file/0005/657887/cip-cjq-brochure-stronger-framework.pdf).



professional training, instead being supported through increased availability of males capable of delivering supports to men from Aboriginal and Torres Strait Islander communities.

#### **K.3.4.3. Resourcing constraints**

The Mossman EJJ is heavily reliant on government funding. It is acknowledged that funding provided by the DFV Enhancement Program has enabled the EJJ to expand its service offerings. However, stakeholders highlighted future opportunities to enhance its service delivery, including:

- Recruiting additional staffing resources to deliver men's programs (there is currently only one part-time worker, which is perceived to be insufficient by Mossman EJJ staff)
- Funding a counsellor or youth worker to support young people
- Investing in a bus to transport community members to and from the Mossman court, attend men's / women's programs and receive support services from other government departments

#### **K.3.4.4. Community challenges**

Stakeholders consistently highlighted a wide range of social challenges, which may have contributed to higher levels of DFV in the community:

- **Gambling issues.** Excessive gambling was consistently highlighted as a key issue, which have adversely impacted the whole community. Parents reportedly spend a significant portion of their weekly funds on gambling, which can lead to families going without food for a prolonged period.

"During COVID lockdowns, pubs and pokies shut down, and that led to a lot more stability in the community – maybe half as many reported incidences as in normal times. It was because people had money to care for their families with again. But when lockdowns ended, people when back to drinking and gambling, and everything reverted back to how it was before."

- Mossman EJJ stakeholder

- **Youth disengagement from the education system.** Some of the community's youths do not attend school and are involved in crime. Given that some primary prevention initiatives are delivered at schools (for example, respectful relationships), there is a risk that many young people do not have the opportunity to learn about gender equality and respectful relationships. It also increases the risk that young people who experience DFV are not detected by service providers. Stakeholders suggested this may be driven by intergenerational trauma and limited parental support.
- **Alcohol and drug issues.** Stakeholders have also observed some instances of problematic use of alcohol and drugs. Beyond affecting their physical and emotional wellbeing, this also impacts the way parents are able to fulfill their traditional roles in raising their children.

#### **K.3.4.5. Shortfalls in employment and housing**

The Mossman community faces a shortage of employment opportunities in the area. Indeed, one of the community's primary sources of employment is the local sugar mill, which only employs between 60 and 90 people depending on the time of year.<sup>94</sup> The lack of employment opportunities imply that many residents are reliant on government social service funding.

Stakeholders also indicated problems relating to housing supply and have observed frequent instances of overcrowding in houses (for example, 10 people residing in a two-bedroom apartment). These factors are said to exacerbate friction in families and the community, leading to higher incidences of social problems like domestic and family violence. Stakeholders also observed that there are no single men's quarters in Mossman. This increases the likelihood of perpetrators staying with victims even after a DFV incident.

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<sup>94</sup> Mossman Sugar Mill Tours. (2010). Current Mill Facts. Available at <http://www.mossag.com.au/MillFacts.html>.

### **K.3.5. What are the opportunities to strengthen the CJG and other place-based models going forward?**

The drivers of success and challenges faced by the Mossman EJG and broader community suggest a number of considerations could be taken into account to strengthen the CJG model going forward. These may not be universally applicable across CJGs given varying contexts across different communities, but nonetheless may be informative to consider whether application in other contexts.

- **Establish discrete funding options:** There is scope for additional funding mechanisms to be established through which CJGs can access additional, discrete funding packets to support specific service delivery projects. In the case of Mossman, the Aboriginal and Torres Strait Islander community resides approximately two to three kilometres outside of the main town, and many community members do not have access to a car. This means they have two options to visit the Mossman EJG and support services: they can walk, or they can catch a taxi – the former acting as a physical barrier, and the latter as a financial barrier. The opportunity for the Mossman EJG to gain access to a once-off funding allocation to support the purchase of a bus or minivan could address these barriers and improve accessibility to the court (so people do not miss court hearings) and the EJG itself.
- **Increase the involvement of men in service delivery:** Cultural barriers and approaches often mean that men should deliver services for men and women should deliver services for women. This means that there may be scope for more men to be trained to provide DFV services in CJGs to ensure men are able to be more supported in a culturally appropriate manner.
- **Identify opportunities to expand employment options in regional and remote areas:** Regional and remote areas often have limited employment opportunities, reducing the opportunities the community has access to and, as in the case of Mossman, driving a degree of the social challenges in the area. By finding ways to encourage business investment in these areas, governments could generate more employment opportunities, building a virtuous cycle of employment, income and financial security, while also alleviating the social challenges a deficit these elements can cause.
- **Expand housing options:** There are limited housing options in regional and remote areas, and this was true for Mossman, where overcrowding was reported by stakeholders to be a major issue in the community. Further, when acts of DFV occur, there is severely limited capacity to relocate perpetrators to a separate location to the victim. Consequently, there is scope for further investment in private and social housing options, as well as in the development of a men's quarters where perpetrators can reside to be separated from victims.
- **Increase service offerings for targeting social issues:** There is scope for expanded provision of gambling and drug and alcohol abuse services, counselling and parental support services in the community. These would assist in overcoming social issues faced by the community and would enable the Mossman EJG to expand the scope of its referrals' capacity and impact.
- Stakeholders suggested that there were limited **parenting support programs** in the community. This means that children and young people often have to live in a hostile environment they cannot easily remove themselves from. Further, family support services may help families to overcome household issues to develop more positive home environments.
- **Expand supports for young people:** Further support should also be provided for the young people in these communities. Trauma generated by DFV incidences, intergenerational trauma faced by Aboriginal and Torres Strait Islander peoples and other forms of violence can all have long-lasting impacts. Providing further support directed specifically at young people, such as mentoring and education support, may help to alleviate trauma and improve outcomes for individuals as they progress through life.

### **K.4. Conclusion**

The Mossman EJG demonstrates both the potential for place-based approaches to effectively address issues faced by diverse communities as well as the challenges faced by these communities. It also demonstrates the impact additional funding can have upon these organisations, which often face significant resource constraints. In particular, the case study demonstrates the effectiveness these models have in alleviating problems, such as DFV, as below:

- **Programs should be designed by the community, for the community:** The Mossman EJG staff understand the cultural needs of the Mossman community because they have been embedded within it for many years. They invested a significant amount of time and effort (often beyond office hours) to develop trusted relationships with the community. This allows staff to connect the community to support at a personal level, ensuring individuals are comfortable and prepared for whatever support they are connected with.
- **Culturally cognisant approaches are empowering:** The Mossman EJG has the cultural heritage of its Aboriginal and Torres Strait Islander population at the centre of its model, with visits to country commonplace in men’s and women’s group activities and the community’s Elders playing a significant role in operations. This has been empowering for individuals within the community, helping to build and facilitate a sense of purpose within the community – something which has helped to alleviate social problems in the community.
- **A little can go a long way:** With an additional \$150,000 per year, the Mossman EJG has leased a large communal space to run services out of and hired additional staff to significantly increase service offerings to better address the needs of the community.<sup>95</sup> While this and similar organisations can always use more resources, there is evidence that through collaborative codesign processes, a small amount of funding can produce significant impacts in these place-based models.

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<sup>95</sup> Notably, there is insufficient evidence to draw conclusions on funding usage in efficiency terms.

# Appendix L

## DCHDE's enhanced DFV housing response

### L.1. Overview of case study

DFV victims and their children require immediate access to safe and secure housing and other relevant supports to help them recover from the crisis. As part of the Housing and Homeless Action Plan (2021-25), the DCHDE committed \$20 million to provide flexible assistance packages, additional head-leased housing and specialised frontline housing services. This case study reviews the rationale and implementation progress of these innovative housing products/services and how these supports have benefitted those who experienced DFV.

This case study summarises:

- The different types of innovative housing supports for DFV victims that were recently established;
- The implementation progress of these housing products and services; and
- Anecdotal examples on how DFV victims have benefitted from these housing supports.

### L.2. Lines of enquiry

This case study seeks to answer several key research questions. These are aligned to the framework used by The Strategy and the Third Action Plan Review:

- **Outcome Question 5 (EQ5):** To what extent are victims and their families safe and supported?
- **Equity Question:** To what extent has progress been made to address equity priorities for vulnerable groups?

The overarching research questions are:

1. How have the housing supports been designed to meet the needs of DFV victims?
2. How many people have accessed these new housing supports and what are their demographic characteristics?
3. What has been the impact of these housing supports on the outcomes of DFV victims and their children?

#### L.2.1. Data sources

The case study was informed by the following secondary data sources:

- DJAG (2021) *Third Action Plan of the Domestic and Family Violence Prevention Strategy 2016-17 to 2018-19*
- DCHDE documents on Flexible Assistance Packages – including training modules and access data
- Various customer case studies provided by DCHDE.

#### L.2.2. Limitations

While the secondary data sources provide a useful overview of the implementation of recent housing supports, there are a number of limitations that should be considered when interpreting these findings:

- Obtaining primary data through stakeholder interviews was not possible, with only secondary data sources available.
- There was comparatively more secondary data on one of the housing supports (Flexible Assistance Packages) and relatively less information available on other responses.

- The impact assessment draws on three case studies that were provided by DCHDE, which is acknowledged to be a small sample size.

### L.3. Case study findings

#### L.3.1. Research question one: How have the housing supports been designed to meet the needs of DFV victims?


Housing is a key priority in the Third Action Plan of the Domestic and Family Violence Prevention Strategy. The overarching priority in the plan is to increase economic participation of, and access to, safe secure housing for women affected by domestic and family violence and their children. Under this, there is a stated commitment to *“implement an enhanced housing response for individuals experiencing domestic and family violence, which is person centred and responsive to housing and support needs through coordinated referrals, assistance and services.”*

As part of the Housing and Homeless Action Plan (2021-25), DCHDE committed \$20 million to enhance its domestic and family violence service response. This is mainly delivered through three main types of supports:

1. The establishment of a DFV Specialist Response Team
2. The development of Flexible Assistance Packages
3. The delivery of the DFV Helping Hand Head lease product

A description of these housing supports is summarised in Table L.1.

Table L.1 Description of housing supports

Housing support	Description
DFV Specialist Housing Response Team 	<p><b>Gaps identified in existing support landscape:</b> The Queensland Housing and Homelessness Action Plan (2021-25) recommended steps to strengthen frontline service responses to the housing challenges faced by vulnerable families, including women and children who are escaping DFV.</p> <p><b>Solution:</b> The DFV Specialist Response Team (SRT) was established in March 2020. They provide specialist guidance and embed good practice to build the capacity of frontline staff in other teams in improving the quality of responses for those who experience DFV. The SRT fulfils a range of responsibilities, including:</p> <ul style="list-style-type: none"> <li>• Working directly with frontline Housing Service Centre (HSC) staff, including DCHDE’s representative in the HRT to identify safety issues and tailor the delivery of housing assistance in coordination with specialist domestic, family and sexual violence services, HRTs and mainstream services</li> <li>• Building the capacity of frontline staff to improve their responsiveness to those who experiencing DFV</li> <li>• Developing and implementing new housing products, including tailored brokerage assistance and head leases</li> <li>• Supporting people who experience DFV to access and/or sustain safe housing, including access to existing social and private market housing products</li> </ul>

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## Housing support Description

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Flexible Assistance Packages (FAP)



**Gaps identified in existing support landscape:** This product was developed to address the lack of short-term practical financial assistance that is flexible enough to meet the varied housing needs of victims.

**Solution:** Flexible Assistance Packages (FAP) are tailored, short-term financial assistance / brokerage for customers, who are experiencing / have experienced DFV or are at risk of homelessness due to their previous experiences of domestic and family or sexual violence.

FAP involves providing financial assistance of up to \$5,000 per household for people experiencing domestic and family violence. This funding can be used to access the goods and services needed to maintain or access safe housing, such as rental or mortgage arrears, removalists, bond cleans secure short-term accommodation while longer-term assistance is sought, short-term accommodation for pets, property repairs, furniture and white goods, car registration and safety upgrades.

Importantly, those who access FAP do not require testing of income and assets, evidence of domestic and family violence/sexual violence, Australian citizenship or permanent residency or eligibility for housing products and services.

The disbursement of FAP is managed by the Director of the SRT or Area Manager (depending on the amount). Applications for FAP supports of up to and including \$500 requires Area Manager approval, while FAP applications, which are above \$500 require approval from the Director or Principal Project Officer of the SRT.

DFV Helping Hand Head lease product



**Gaps identified in existing support landscape:** Women who experience DFV face significant nonfinancial barriers in accessing private rental market. Barriers faced by the women accessing this market may include a lack of tenancy history, poor tenancy history due to the behaviour of DFV perpetrator(s), lack of tailored services, or a need for immediate safe housing that cannot be addressed through social housing and other housing products and services.

**Solution:** In a Helping Hand Head Lease arrangement, the government leases a private rental property through a real estate agent and subleases it to individuals. DCHDE pays the landlord rent and associated process maintenance costs with rent collected from the customer by the department. This is intended to support tenants to build a rental history to be able to access mainstream rental markets or housing.

The DFV Helping Hand Head lease product is available to all Queensland residents (including people who are not Australian Citizen or permanent residents) who can pay rent, but are not able to access private rental due to other barriers, such as poor or lack of rental history.

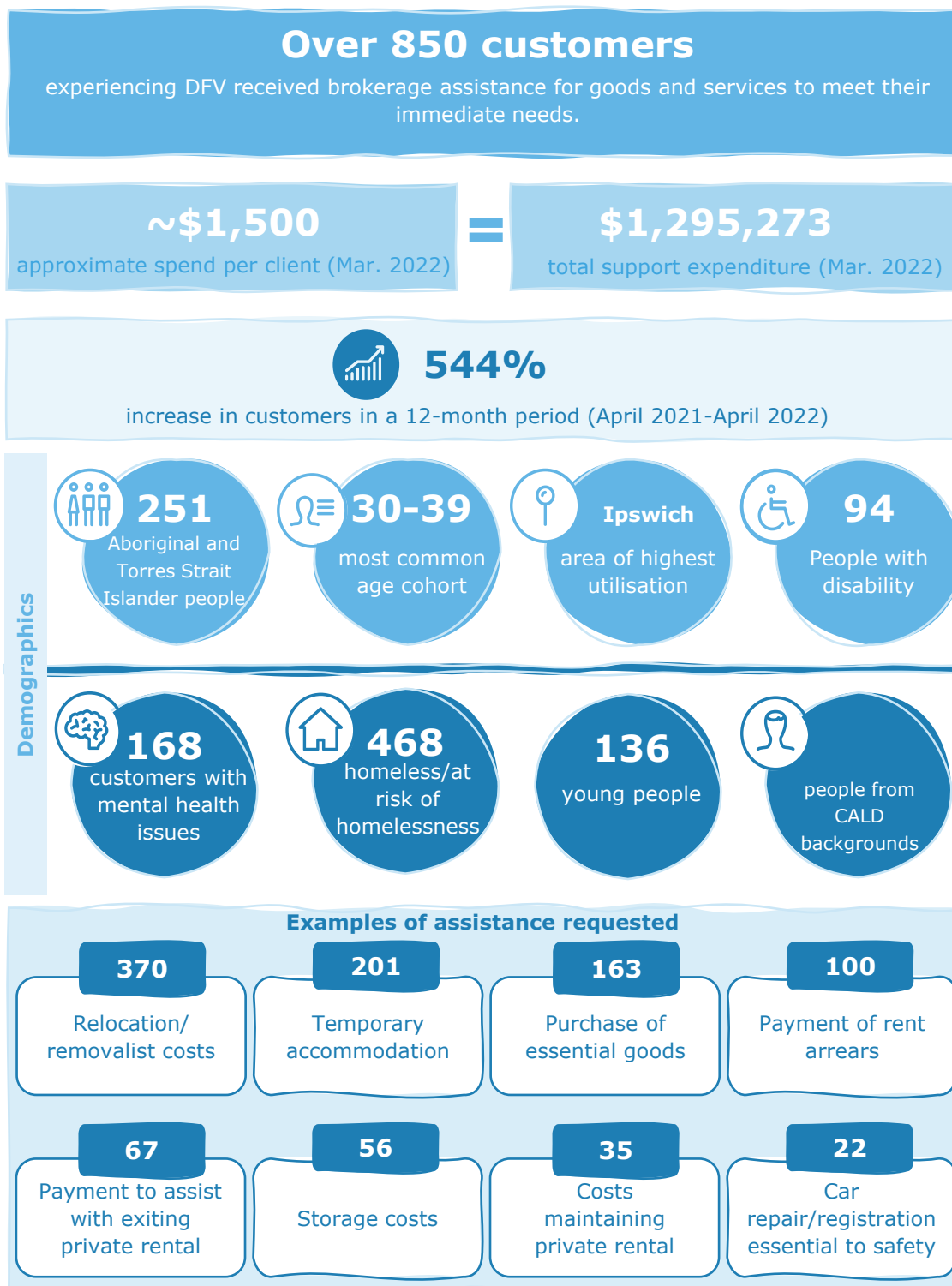
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Source: DCHDE

**L.3.2. Research question two: How many people have accessed these new housing supports and what are their demographic characteristics?**

The figure below summarises key statistics on the usage and demographic characteristics of those who accessed FAP between April 2020 and April 2022.

Figure L.1 Flexible Assistance Package usage (April 2020 – March 2022)



Source: DCHDE

Note: Customers may receive one or more forms of assistance. Not all forms of assistance are represented in the figure above.

**Both vulnerable and diverse population cohorts accessed FAP in the past year.**

As of 31 March 2022, records show that \$1,295,273 has been spent to support customers. This averages to just over \$1,500 per customer.

The customers who accessed FAP represent a wide range of vulnerable and marginalised population cohorts. Among ~850 customers who accessed FAP and experienced DFV:

- 54% were homeless or at risk of experiencing homelessness
- 29% identified as Aboriginal and Torres Strait Islander peoples
- 20% experienced mental health issues
- 11% were identified as people with disability

**L.3.3. Research question three: What has been the impact of these housing supports on the outcomes of DFV victims and their children?**

It is acknowledged that DCHDE does not generally seek testimonials from customers who experience DFV. However, DCHDE provided three previously developed case studies, which demonstrated the process of addressing customer's housing and support needs, the supports delivered, and the outcomes achieved. This is intended to provide an indication of the types of positive impacts these targeted housing responses can generate.


These case studies present the stories of three customers experiencing barriers to accessing mainstream housing solutions or services. The case studies illustrate:

- the important role that SRT members played in supporting frontline workers to tailor housing responses to meet their need
- how frontline staff from different agencies worked collaboratively to ensure that victims received appropriate supports
- the different ways in which specific housing products and services – such as FAP and head lease products, along with DCHDE's other products and services - have helped customers secure appropriate housing and feel more comfortable and secure in their own homes

A summary of case studies is provided in Figure L.2 to Figure L.5.



Figure L.2 Case study one



**Case study one**

**Context:** *Customer 1 is living with an intellectual disability, autism spectrum disorder and attention deficit hyperactivity disorder. She was regularly sexually exploited by people she interacted with to access drugs. She regularly presented to hospital emergency departments or emergency services following these assaults or due to the effects of taking drugs.*


**Needs:** *Person-centred response, National Disability Insurance Scheme (NDIS) disability support, long-term social housing, health, wellbeing and safety, household establishment*

**Process and outcome:** *Over a 12-month period, the SRT worked with all stakeholders, comprising her appointed guardian, NDIS Supports Coordinator, specialist clinicians, Queensland Police Service, Public Trustee and a number of HSCs to identify, prioritise and coordinate responses to ensure housing solution was delivered with supports in place, including services to prevent further sexual violence and exploitation. SRT utilised its network of HSCs across the regions to work with hospitals where she presented to engage with her and link her to supports and services that could help stabilise her. Concurrently, SRT and stakeholders also undertook case review and management to identify her needs to ensure her safety.*

*Working in conjunction with HSCs, a detached property was identified, which met her safety, health and wellbeing needs, as well as provided access to specialist support services. The Public Trustee observed that Customer 1 had limited funds to set up new household due to expenses incurred in previous housing and support arrangements. The SRT utilised the Flexible Assistance Package, to assist in furnishing the property with household goods to enable Customer 1 to feel the property was her home and where she felt secure.*

Source: DCHDE

Figure L.3 Case study two



**Case study two**


**Context:** *Customer 2 had a child aged under eight years living with her extended family due to domestic violence. Customer 2 noted that she was supplied with drugs by the respondent who gained physical and sexual control over her. He also exercised substantial coercive control, including taking control of her bank accounts and monitoring her calls / messages. Customer 2 had applied for social housing as she was couch surfing between family/friends due to domestic violence. Her application noted she was also the victim of a major crime and had experienced periodic unemployment and homelessness.*

**Needs:** *Emergency accommodation, longer-term housing for victim and their child, safety, health and wellbeing and legal support to regain custody of her daughter.*

**Process and outcome:** *SRT and HSC staff assisted Customer 2 into crisis motel accommodation. Risk assessment and safety planning was jointly conducted with a Domestic Violence service. Customer 2 was supported to access treatment in a rehabilitation facility. SRT and HSC staff continued to engage with Customer 2 during her treatment. She was supported to complete a Rent Connect interview and to locate and view suitable private market properties. Properties for head lease was actively sought to enable Customer 2 to reconnect with her child and family, while engaging in treatment and gain employment in her field. The SRT worked with a community housing provider to explore head lease opportunities. After she completed her rehabilitation treatment, she accepted a head lease property for 12 months close to her daughter's school. Customer 2 eventually secured part-time employment and enrolled in studies later. Customer 2 was also assisted with referral to trauma counsellor and legal services, which she continues to access. The coordinated supports she received also importantly enabled her child to commence living with her again.*

Source: DCHDE

Figure L.4 Case study three



**Case study three**

**Context:** *Customer 3 is a First Nations woman with five children and was expecting her sixth. She experienced significant domestic and family violence over a lengthy period and her ex-partner who perpetrated the abuse was incarcerated (however, he would be released soon). The customer feared that he would locate her and her children on his release. Customer 3 had been issued a Notice to Leave to vacate her private rental and she did not have any resources to enable her to relocate to another tenancy.*

**Needs:** *Longer-term housing with connections to community and supports, safety, health and wellbeing.*

**Process and outcome:** *SRT was contacted by the HSC. With Customer 3's consent, SRT contacted the domestic violence service to gather information regarding risks and safety plan. SRT identified the need for rapid response and social housing as the most appropriate response for Customer 3 to enable her to have housing stability and access housing for a large family in areas that enabled her to draw on community protections. A 3-bedroom public housing property was identified and accepted by Customer 3. A FAP brokerage was approved to enable Customer 3 to enable her to finalise her private lease and move to the public housing tenancy. This included assistance with costs for a skip bin, bond clean, including carpet, lawn mowing and maintenance and a removalist. This housing solution also enabled Customer 3's children to reengage in education. The house was also in close proximity to hospital services to enable Customer 3's access to ante-natal care.*

Source: DCHDE

Commercial-in-confidence

One HSC staff also commented on how these housing products and services have filled gaps in supports for DFV victims:

Figure L.5 Feedback from HSC staff on DCHDE's enhanced housing response

*"There has been such a gap when trying to provide support to customers experiencing domestic family or sexual violence. Not being able to assist a customer simply because they were not an Australian citizen has been very hard on staff. Knowing we have been turning people and families away is difficult. Now we can offer far more help to those customers experiencing DFV."*

**Senior leader from a HSC.**

Source: DCHDE

#### **L.4. Conclusion**

It is commendable the DCHDE has designed housing products and services, which meet identified housing and support need and provide tailored housing supports to those who experience DFV. This case study has shown that the Department has responded to existing support service gaps with three different types of supports, for which early indications show implementation is successful and impact is being achieved. Additionally, further training is underway to ensure ongoing implementation is successful – for example, DCHDE stated that it has commenced the delivery of tailored DFV training in November 2021 for all staff. Continuous data collection will be critical to support future independent evaluations on the impact of these enhanced housing services on victims' timely access and experience of DFV-related housing supports.

# Appendix M

## Queensland's Integrated Service Responses to DFV

### M.1. Introduction

#### M.1.1. Overview of case study

An integrated service response is an innovative approach, which ensures coordination of services and supports across government, nongovernment and other community organisations. In 2017, the Queensland Government implemented an Integrated Service Response (ISR) trial at three trial sites: Logan/Beenleigh (urban), Mount Isa/Gulf (regional) and Cherbourg (a discrete Aboriginal community). The core features of Queensland's ISR model are a core risk assessment tool that identifies the level of risk faced by domestic and family violence victims and a model for multiagency responses to high-risk cases. These tools collectively aim to increase the integration amongst domestic and family violence service providers, which, in turn, improves victim safety and better holds the perpetrator to account.

In November 2019, after the ISR trial had been operating for 15 to 24 months, the Department of Child, Safety, Youth and Women (on behalf of the Queensland Government)<sup>96</sup> commissioned Griffith University to undertake an evaluation of this trial model (hereby referred to as the "Griffith ISR Evaluation"). The purpose of the evaluation was to determine whether greater integration between service providers was achieved using the ISR model and, if so, whether this improved integration led to better outcomes for victims and perpetrators.

Between 2020-2022, the Queensland Government has taken steps to strengthen the ISR model in response to learnings and recommended strategies from the Griffith ISR Evaluation. At the same time, integrated service responses to DFV have also been progressively rolled out to five additional sites.

This case study focuses on five key areas:

1. The key strategic objectives of the ISR model
2. The ISR trial's implementation progress
3. Enablers and barriers to the introduction and implementation of the ISR model
4. The emerging outcomes achieved through the implementation of the ISR trial from 2017 to 2019
5. Key strategies to strengthen the ISR model

The key findings draw from two main sources – (1) the Griffith ISR Evaluation in 2019 and (2) Deloitte's engagement with stakeholders who design and / or deliver ISR in 2022.

### M.2. Lines of enquiry

The key research questions for this case study are aligned to the Evaluation Framework used by The Strategy and the Third Action Plan Review:

- **Supporting Outcome 5 (EQ5):** To what extent do victims and their families feel safe and supported?

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<sup>96</sup> Former department name for DCYJMA. As of 2018, DJAG is leading work across government to design, implement and test integrated approaches to improve the safety of DFV victims and their children while holding perpetrators to account for their violence.

- **Supporting Outcome 6 (EQ6):** To what extent have perpetrators stopped using violence and are they held to account?
- **Equity question:** To what extent has progress been made to address equity priorities for diverse groups who may be experiencing vulnerability?

Five research questions have been developed for this case study:

1. What are the key strategic objectives of the ISR model?
2. What are the main enablers and barriers to the introduction and delivery of ISR?
3. How well has the ISR model been tailored to address the needs of vulnerable groups?
4. How did the ISR model aid in the delivery of integrated support to victims and perpetrators?
5. What are the key considerations for scaling and improving the ISR model?

### M.2.1. Data sources

This case study draws from the following primary and secondary data sources:

- Griffith University (June 2019). *Evaluation of the Integrated Service Response/HRTs*. Further information on the evaluation approach is provided in Section M.2.2.
- Two focus group discussions with high-risk team members from eight Queensland areas. These stakeholders are employed by both government departments (DJAG) and nongovernment domestic violence service providers that receive government funding.
- Special Taskforce on Domestic and Family Violence in Queensland (2015) *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland*.
- DJAG (2022) *Statewide HRT Guidelines (draft version)*.
- DJAG (2022) *Revised Domestic and Family Violence Common and Safety Framework (draft version)*
- DJAG (2022) *Domestic and Family Violence Integrated Service Systems Action Plan – Integrated Service Systems Oversight Committee (ISSOC) (draft version)*.

### M.2.2. The Griffith ISR Evaluation

The Griffith ISR Evaluation used a mixed methods nonexperimental approach to assess the trial of the ISR model. The evaluation combined a cross-sectional design drawing on fieldwork conducted at the end of the trial period, with a longitudinal design (relying on administrative and case file data) covering the duration of the trial.

Figure M.1 Griffith ISR evaluation approach and timeline



Source: Griffith ISR Evaluation

The evaluation utilised five primary data sources:

1. Focus groups and interviews with ISR/HRT staff, key service providers and relevant stakeholders. Over 100 individuals participated in a focus group or interview.
2. Administrative referral data collected by each HRT at each trial site. The final dataset included 1,413 victims (628 in Logan, 132 in Cherbourg and 653 in Mount Isa).
3. Data coded from a sample of HRT case files for each trial site. A random sample of 30 HRT case files per site were selected to understand the actions taken on cases, and the nature of the cases dealt with by HRTs.
4. Survey of DFV practitioners in ISR trial sites (n= 36).
5. Administrational documents (e.g., meeting notes and governance papers).

### **M.2.3. Limitations**

While this case study provides a useful overview of the strengths and gaps of the trial and current version of the ISR model, there are some limitations that should be taken into consideration when interpreting these insights:

1. This case study draws on an evaluation that was published in June 2019. Since then, service providers may have implemented several of the Griffith ISR Evaluation's recommendations and made other improvements to the ISR model. Deloitte's engagement with relevant stakeholders in April 2022 aimed to highlight instances of ongoing work in response to the evaluation findings, emerging outcomes and if there are any other future areas of improvement that the Government can consider addressing in the future.
2. The Griffith ISR Evaluation provides an in-depth review of the implementation and outcomes in the trial locations of Logan/Beenleigh, Mount Isa/Gulf and Cherbourg. There are comparatively less robust findings on the implementation progress and outcomes of ISR models that were implemented in Moreton Bay, Ipswich, Cairns, Mackay and Moreton Bay (Caboolture) due to the timing and scope of the Griffith ISR Evaluation.
3. As this case study utilised draft versions of revised ISR guidelines and resources (as of March 2022), the content of these documents is subject to change.
4. The Griffith ISR Evaluation noted that the service user experience was restricted to those who were deemed "high risk." As a result, the perspectives of those labelled low-to-medium risk may not have been sufficiently captured in this case study. This makes it more challenging to determine the impact of the ISR model on those who did not receive supports from HRTs (who only manage high-risk cases).
5. Both the Griffith ISR Evaluation and Deloitte's stakeholder engagement focused on frontline agencies who deliver integrated DFV service responses and multiagency high-risk responses. It is acknowledged that other stakeholders may not directly deliver DFV-related services, but have a shared responsibility for DFV prevention and response (CRASF level 1). However, this case study has limited information on the extent to which these stakeholders fulfil their roles at this level.

### **M.2.4. Context on Queensland's ISR model**

The Queensland Government invested \$26.3 million over four years from 2015 to develop and strengthen integrated service responses, including trials in three locations that focus on how service systems can work together in a timely, structured and collaborative way.

The representing agencies who deliver integrated service responses include Queensland Domestic Violence Services Network, DCHDE, DOE, QPS, QCS, QH, DSDSATSIP, DCYJMA and DJAG. The ISSOC is the governance mechanism responsible for the DFV Integrated Service Systems in Queensland and reports directly to the Domestic Family Violence and Sexual Violence Executive Group.

The ISR model is underpinned by a **CRASF** and risk assessment tools, which identifies domestic and family violence victims' level of risk. The CRASF was initially developed by ANROWS in 2017. The CRASF articulates a shared understanding, language and common approach to recognising, assessing and responding to DFV risk and safety action planning, including common minimum standards and approaches. It contains the following key components:

1. A shared understanding and definition of DFV, key principals and risk factors
2. Foundations for practice
3. A common tiered approach to risk assessment, risk management and safety action planning

As of April 2022, a revision of CRASF is underway in response to findings from the Griffith ISR Evaluation which made recommendations to further strengthen the CRASF. The Government also developed a guidance document (the Domestic and Family Violence Information Sharing Guidelines) to support the receiving / sharing of information for the purpose of risk assessment and management.

All elements of the service system and the broader community have a role to play to preventing and responding to DFV. This can range from identification, awareness, referral for frontline responders, community groups and businesses through to specialised multiagency responses. This case study mainly focuses on aspects of the ISR model, which deliver supports for medium to high risk cases. They include:

1. The **broader integrated DFV service response**, which responds to cases that are assessed to be low and medium risks. This response is delivered by both specialist and non-specialist domestic violence services. Similar to HRTs, these services identify and assess risk, undertake safety planning and facilitate the coordination of supports to victims and perpetrators.
2. **Multiagency high-risk responses**, which are led by HRTs. Organisations refer high-risk cases to the HRT. If a case is accepted by the HRT, it coordinates the responses of all agencies involved. It organises a series of meetings at which each agency provides information on the case itself, available responses and previous actions. While HRTs complete the multiagency risk assessment and safety planning, the service providers retain responsibility for the provision of direct services and support to the victims and perpetrators. Thus, HRTs primarily coordinate and hold agencies accountable for their responses to high-risk cases.

### M.3. Case study findings

#### M.3.1. Research question one: What are the key strategic objectives of the ISR model?

The 2015 report *“Not now, not ever: Putting an end to domestic and family violence in Queensland”* found that the fragmentation of service responses to DFV has undermined the effectiveness of their delivery. This report noted that the lack of integration in service responses meant that there were significant gaps in services offered and poor coordination between services when victims needed to access multiple services. This greatly reduced the effectiveness of service delivery for victims and perpetrators. For example, that victims often experienced confusion about the assistance available and referral pathways, were unable to access sufficient advice or information and were retraumatised by being required to repeat their circumstances multiple times to different services. Service providers who work primarily with perpetrators also report difficulty in accessing rehabilitation services which potentially endangers victims and delays treatment for perpetrators.

Of the 140 recommendations made by the Special Taskforce on Domestic and Family Violence in Queensland, 12 called for greater integration in service responses across different government and nongovernment providers. The implementation of the ISR trial in 2017 was a direct response to recommendation 74 of the abovementioned 2015 report.

The strategic objective of the ISR trial was to fill these gaps and ensure that there be ‘no wrong door’ for individuals and families requiring help from domestic and family violence. In other words, individuals and families who have experienced domestic and family violence will be directed to timely and targeted care no matter what service provider they first interact with. All agencies participating in the integrated response follow a common approach to working with victims and perpetrators that aim to:

- Improve the safety and wellbeing of victims and their children
- Reduce risks posed by perpetrators
- Ensure strong justice system responses for perpetrators

#### M.3.2. Research question two: What are the main enablers and barriers to the introduction and delivery of ISR?

##### Enablers

The Griffith ISR Evaluation in 2019 and Deloitte’s recent stakeholder engagement identified some factors that supported the introduction and delivery of the ISR model:

1. **Collaboration among frontline agencies.** The Griffith ISR Evaluation found that regular HRT and ISR meetings encouraged service providers to deliver integrated responses to DFV cases. For example, in Logan, HRT meetings occurred weekly and were attended by most participating agencies. ISR managers and HRT coordinators also participated in Communities on Practice to unpack emerging practices and support capability building among other team members. More recently, stakeholders observed that the delivery of common training sessions

created valuable opportunities for frontline staff to build relationships in an organic manner. These informal connections were said to be critical in supporting more rapid referrals and smoother information sharing processes among different agencies.

2. **The client management system.** The Griffith ISR Evaluation noted that the establishment of the Domestic and Family Violence Prevention Client Management System (DFVPCMS) has strengthened the accountability mechanisms for this model. Specifically, the DFVPCMS provided a central location for notes, listing and reviewing open and closed action items, allocating actions to a particular team member and providing reasons for any noncompletion of actions initially outlined. This system made it possible to identify which service provider or individual has contributed to successful individual case outcomes, and if some individual agencies have not responded to requests for supports. During Deloitte's consultation with stakeholders, some frontline workers identified scope for the client management information system to be strengthened through additional capability building on how to gather and report critical case data in a consistent manner.
3. **Specialist DFV team members.** The recent recruitment of specialist DFV team members in selected participating agencies has improved the effectiveness of supports as they helped to address potential knowledge gaps among frontline staff on how to interpret resources / legislation. In these instances, specialist DFV team members have delivered knowledge-sharing sessions or provided individualised supports to support more effective referrals and coordination of supports for victims and perpetrators.
4. **The development of common risk assessment and Information Sharing Guidelines.** While the Griffith ISR evaluation noted some opportunities to strengthen the 2017 version of CRASF, stakeholders acknowledged that the establishment of these resources has helped to develop a common language on what constitutes DFV and approaches to risk assessment. In specific locations which received training on how to interpret CRASF, stakeholders observed instances of frontline staff members recognising more subtle signs of DFV, which led to earlier referrals to other support services.

However, stakeholders noted that those who directly deliver DFV services for high-risk cases are more likely to have a strong understanding of CRASF and the Information Sharing Guidelines. Both the Griffith ISR Evaluation and Deloitte's recent stakeholder engagement highlighted the issue of inconsistent approaches to risk assessment and information sharing among selected frontline workers who support the delivery of integrated service responses (see next section).

### Barriers

The Griffith ISR Evaluation and stakeholders highlighted a few main barriers, which impacted the implementation of the ISR model. It is acknowledged that some of these challenges are being addressed by the Government. These barriers include:

1. **Inconsistent approaches to risk assessment and information sharing.** The Griffith ISR Evaluation found that participating agencies was assessing risk differently and there was scope to strengthen the first version of the CRASF to address this issue. The Griffith ISR Evaluation found that the initial CRASF was primarily used to justify referral and record case histories, as opposed to its initial purpose of risk assessment. The quality of risk assessment was also impacted by gaps in frontline staff's knowledge on DFV. In terms of information sharing, the Griffith ISR Evaluation noted that there was confusion around information sharing outside of the functions of HRTs and a perception among many stakeholders that HRTs were the only mechanisms for information sharing. Deloitte's recent engagement with government stakeholders found that the understanding of CRASF and the Information Sharing Guidelines is also concentrated among specific core individuals of the ISR team. This increases the risk of ISR responses being less appropriate if these team members leave.

"The knowledge of the ISR model often sits with a few key players of the ISR team. When people leave, the knowledge disappears with them and there's no training to build capability up."

- Government stakeholder



2. **Limited understanding of the ISR system and the role of each stakeholder.** Both the Griffith ISR Evaluation and recent stakeholder engagement noted that there remained some confusion about the separation of roles and responsibilities of HRTs and workers who deliver broader integrated service system responses. While the broader ISR response and HRTs were both viewed as being essential elements of an integrated delivery of services to those experiencing domestic and family violence, the boundaries between them appear unclear. As a result of this confusion, the Griffith ISR Evaluation identified instances of over-referral of cases to HRTs, which broadened the work scope of ISR teams and prevented them from solely focusing on high-risk cases.
3. **Inconsistent levels of buy in among frontline agencies:** Collaboration and input among frontline agencies is a critical enabler of effective ISR. However, in practice, stakeholders have recently reported inconsistent levels of buy in among different individual frontline agencies in the past two years (2021 and 2022). This was evidenced by observations of lower attendance numbers for regular ISR and HRT meetings in specific locations. Stakeholders attributed this to competing work priorities (especially during 2020-21, when the COVID-19 pandemic led to a reprioritisation of work) and limited availability of workers. It is important to note that this is not a reflection of all frontline agencies – some agencies are reportedly more committed to delivering ISR compared to others.
4. **Insufficient number of support services who operate after hours.** Not all frontline agencies are funded to deliver supports after office hours. The lack of “24-7” DFV support services was said to impact the timeliness of services. Stakeholders cited examples of long waiting time for referrals to be filtered down to the appropriate party. Given the urgency of selected high-risk cases (e.g., the need for home security upgrades or immediate transfer to safe homes), some frontline workers requested for support from other specialised workers such as housing officers and social workers.
5. **Insufficient focus on perpetrators.** Although, perpetrator rehabilitation was identified as one of the core aims of the ISR trial, the Griffith ISR Evaluation found that in practice, there was significantly more focus on victim safety. Stakeholders noted that some frontline staff members do not have an adequate understanding of perpetrator interventions and sometimes do not refer identified perpetrators to the relevant programs. This issue is also exacerbated by limited program capacity of men’s behaviour change (see Chapter 10). Moreover, perpetrators, unlike victims, could not be easily tracked across different incidents and services, preventing the collection, and sharing of information that might enable a perpetrator focused response.
6. **Workforce recruitment and retention challenges.** Stakeholders who deliver ISR in regional and remote locations noted that there was a general lack of ISR workers to meet the high need for supports in these areas. They cited examples of significant reliance on FIFO workers and workers resigning after they completed training. The lack of workers has impacted the quality of supports that can be provided to victims and perpetrators in these locations. Those who have remained in regional areas have also reported high levels of burnout due to the perception of excessive workload levels.

### **M.3.3. Research question three: How well has the ISR model been tailored to address the needs of vulnerable groups?**

**The three ISR trial sites were chosen as they reflect the geographic and cultural diversity of Queensland residents.** As shown Table M.1, there was disproportionately more residents in Logan and Mount Isa who speak a language other than English at home. Cherbourg contained three discrete Indigenous communities and more than 1,269 residents. 99% of residents at Cherbourg were Aboriginal and Torres Strait Islander peoples.

Table M.1 Demographic characteristics of residents residing in ISR trial sites

Demographics	Logan	Cherbourg	Mount Isa	State average
Aboriginal and/or Torres Strait Islander population	2.7%	99.0%	23.0%	4.0%
Language other than English spoken at home	18.2%	3.1%	11.0%	11.8%

Source: Australian Bureau of Statistics, 2016

**It is critical for the ISR model in these trial locations to be adequately tailored to the unique needs of marginalised communities.** Based on the Griffith ISR Evaluation, there was an overrepresentation of Aboriginal and Torres Strait Islander peoples among individuals who were identified as DFV victim survivors and perpetrators at ISR trials sites. For example, 81% of DFV victims and perpetrators at Mount Isa were of Aboriginal and Torres Strait Islander descent. Further, both Mount Isa (12% of victims and 13% of perpetrators) and Logan (11% of victims and 8% of perpetrators) had a sizeable proportion of CALD victims and perpetrators.

**ISR teams have invested efforts to improve the cultural appropriateness and quality of supports to Aboriginal and Torres Strait Islander communities.** For example, ISR service providers in Cherbourg developed a cultural guidance service and a Community Advisory Group to build more trusted relationships and with local Aboriginal and/or Torres Strait Islander communities. This was particularly important as these communities have faced extensive state-based discrimination and mistreatment, leading to general distrust of government initiatives. During consultations, frontline staff said that they also work closely with relevant frontline agency staff (e.g., DSDSATSIP DFV Senior Project Officers) providing a cultural lens to deidentified cases of review by working collaboratively to inform culturally appropriate responses and service delivery.

**However, there remains an opportunity to improve the cultural appropriateness of current ISR responses.** The Griffith ISR Evaluation said that the initial CRASF was assessed to not be adequately culturally appropriate and there is no formal representation of any particular communities on the HRTS in any of the trial sites. Further, there was limited evidence that the ISR model has any specific consideration of the differing needs of CALD communities, which are likely to be distinct from Aboriginal and Torres Strait Islander peoples. During consultations, stakeholders attributed the challenge of supporting these vulnerable groups to the lack of specialist workers to support the delivery of culturally appropriate responses. Stakeholders also acknowledged scope to design and deliver specific supports for vulnerable population cohorts, especially in locations where they are overrepresented among DFV victims and perpetrators.

Further, the Griffith ISR Evaluation found that **the ISR model did not sufficiently cater for unconventional forms of DFV** (e.g., violence outside of heterosexual intimate partner relationships). This can marginalise victims and perpetrators of family violence (such as violence among siblings and abuse of elder family members), who made up over 10% of cases at the three trial sites, as well as those who experience violence in same-sex relationships, male victims and female perpetrators. For example, most of the perpetrator behaviour change programs were designed exclusively for men had been violent toward their female intimate partner. During consultations, frontline staff from different locations noted that there is generally insufficient support services for young people who are victims and / or perpetrators.

“There is no [support service] for men when they are young or growing up. This means we get men [in our cases] with a lot of trauma history that has not been addressed. Some of these men were exposed to violence and end up as perpetrators later in life.”

- *Government stakeholder*

#### **M.3.4. Research question four: How did the ISR model aid in the delivery of integrated support to victims and perpetrators?**

The Griffith ISR Evaluation noted that the six critical aims of the ISR model (including the HRTs) were to:

1. Improve relationship building and information sharing between service providers
2. Ensure a timely and targeted response to high-risk individuals by streamlining service delivery
3. Improve service accountabilities
4. Increase the safety of victims and their children, particularly those assessed as high risk
5. Manage the high risk posed by perpetrators and help prevent serious harm (including death)
6. Reduce reoffending by high-risk perpetrators and increasing their accountability.

The subsequent subsections demonstrate the extent to which the trial implementation of Queensland's ISR model was aligned with these aims.

### **Relationship building and information sharing**

The implementation of the ISR trial model led to the development of stronger relationships and improved information sharing among service providers, particularly between government and nongovernment organisations. The Griffith ISR Evaluation found that more than half of the practitioners surveyed believed that the coordination of service delivery between providers and the way their organisation worked with other services improved due to the adoption of the ISR model.

Service providers were encouraged to contact ISR members and other providers to discuss opportunities to improve service delivery to victims and perpetrators, unpack any mistakes and update one another on case details. This led to greater communication between providers, increasing victim safety and perpetrator accountability. For example, providers who specialised in supporting victims were better able to access perpetrator information, including charges laid, whether probation was granted, sentence length and court events.

### **Timely and targeted response**

The introduction of the ISR successfully led to faster and more targeted responses for the particularly vulnerable victims whose cases were being managed by HRTs. Government agencies, such as the police, Victims Assist, and housing were able to collectively streamline their procedures to provide quicker and more direct care. The ISR model also contributed to an increased focus within large government agencies with competing priorities on domestic and family violence, although stakeholders recently acknowledged that the level of buy in among some government agencies has fallen.

### **Service accountabilities**

The Griffith Evaluation determined that the ISR and HRT effectively improved service accountabilities, particularly for cases where safety planning was managed by the HRTs. Both the ISR and HRT encouraged providers to share their specific role and professional perspective and provided regular opportunities for feedback and review. These measures were said to increase providers' knowledge of other agencies and about DFV in general. However, it also highlighted gaps in the existing service system landscape, such as slow responses to referrals and long waitlists for specific support services.

### **Victim safety**

Improved victim safety is a long-term outcome that is challenging to measure. Despite this, the Griffith ISR Evaluation's survey of frontline service providers found that the ISR model improved service delivery for victims, which, in turn, increased their safety. By increasing the speed, coordination and accuracy of providers' responses to cases of domestic and family abuse, the ISR model offers greater protection for victims, particularly those who are assessed to be high risk.

### **Perpetrator risk and reoffending**

The Griffith ISR Evaluation found that referrals to HRTs were perceived to have led to "more eyes on the perpetrators," possibly resulting in a more effective management of perpetrators. HRTs were able to access increased information on perpetrators' contact with the criminal justice system, including prison release dates, court dates and breaches of court orders. This increased surveillance of the perpetrator in HRT referrals was viewed by some stakeholders to help manage perpetrator risk and prevent serious harm. It also prevented perpetrators from lying excessively to service providers and reduced perpetrator risk to victims.

However, the Griffith ISR Evaluation found that the ISR trial model lacked the additional considerations needed to consistently hold perpetrators to account and reduce perpetrator reoffending. For example, the programs designed to teach perpetrators about the impact of their actions and reduce their likelihood of reoffending are far less developed and flexible than the programs offered to victims. In fact, less than a third of practitioners surveyed during the evaluation believed that the ISR model contributed to changed perpetrator behaviour.

### **M.3.5. Research question five: What are the key considerations for scaling and improving the ISR model?**

Most stakeholders commended steps taken by the Queensland Government to strengthen the ISR model in response to findings from the Griffith ISR Evaluation. As such, the findings for this research question focus exclusively on qualitative findings from Deloitte's recent engagement with stakeholders. Stakeholders recommended for the Queensland Government to focus on the following **six key aspects** to ensure the ISR model is effectively implemented in different locations:

- 1. Tailored capability building for all workers who deliver DFV-related supports.** It was generally acknowledged that upcoming updates to the CRASF and risk assessment tools would likely improve the effectiveness of ISR. However, it is important for the rollout of these resources to be supplemented with tailored capability building so that frontline workers from different agencies will use these updated resources in a consistent manner. Importantly, workers who are employed in both specialised and nonspecialised agencies should be required to attend mandatory training to build their understanding of CRASF and Information Sharing Guidelines. Strengthening the capability of all workers to better respond to DFV issues will address instances of excessive workloads on specific core ISR team members and ensure that victims / perpetrators receive appropriate supports.  
A working culture **of continuous improvement** should also continue to be further embedded among ISR teams. This can be achieved through a sustained focus on maintaining a Communities and Practice for ISR team members and regular evaluations of the ISR model.
- 2. Consider opportunities to address workforce recruitment and retention challenges in regional areas.** The limited availability of workers has meant that the ISR model has not been implemented in the manner intended. It is perceived to be unsustainable to be reliant on specific ISR team members and workers who are not permanently based at these locations. Some job positions are also part-time positions, which is said to worsen the recruitment challenge. It is, therefore, recommended for the government to explore opportunities to develop a strong pipeline of specialised workers who can support victims and perpetrators who are based in regional and remote areas.
- 3. Assess the adequacy of financial and staffing resources of the ISR model.** It is recommended for the government to review the adequacy of existing financial and staffing resources for the ISR model. Additionally, this review can also consider the need for some frontline agencies to deliver supports after hours. There is anecdotal evidence that the number of DFV cases has seen a marked increase in specific locations. At the same time, some agencies do not operate after office hours and some core ISR staff members are reportedly employed on a part-time basis due to funding constraints. This has the potential to undermine the effectiveness of the ISR model due to the inability to support all victims and perpetrators in a timely manner.
- 4. Explore strategies and interventions to better tailor ISR to those from diverse and / or marginalised groups.** Stakeholders have consistently highlighted gaps in specialised support services for specific population cohorts – such as young men, Aboriginal and Torres Strait Islander peoples and those from CALD backgrounds. It is recommended for the government to consider designing and delivering early intervention services for young people who are exposed to DFV. The ISR team can also continue working collaboratively with community leaders (e.g., community groups and Aboriginal and Torres Strait Islander Elders) to build relationships with the community and deliver outreach services. ISR team members should also have access to specialised supports (e.g., a worker who specialises in delivering culturally appropriate supports being employed in each ISR team) so that culturally appropriate supports can be delivered to diverse population cohorts who experience DFV.
- 5. Strengthen ISR responses on perpetrators.** The focus on perpetrators within the ISR model should be strengthened to increase perpetrator accountability. Currently, the ISR model is primarily focused on identifying victim risk and providing victim support. To implement a perpetrator-focused response, the ISR model should conduct greater information sharing about perpetrators (across different incidences and victims) and expand offerings on behavioural change programs and other interventions.

### **M.3.6. Conclusions**

The Griffith ISR Evaluation noted that Queensland's integrated service response and high-risk team model is in a state of "emerging practice." Initial indicators of progress are promising, but more needs to be done to consolidate and embed these reforms. In response to these findings, the Queensland Government has proactively taken steps to support more consistent risk assessment and strengthen understanding of the roles and responsibilities of different aspects of the ISR model. Moving forward, it would be important to assess the extent to which these improvements have led to quality outcomes for victims and perpetrators.

Deloitte's more recent engagement with stakeholders have also reiterated some key challenges, which were previously identified in the earlier Griffith ISR Evaluation – such as the adequacy of ISR financial and staffing resources, the need to better tailor supports to meet the needs of specific population cohorts and the importance of capability building for DFV workers. These are key priority areas that the government can consider focusing on to better align its ISR model with best practice in integrated responses.

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