Evaluation of the integrated service response and high risk teams trial (2019)

Summary of key findings

What is Queensland's integrated service response trial?

The Special Taskforce on Domestic and Family Violence in Queensland recommended integrated service responses to domestic and family violence be developed and trialled in different locations across Queensland — one urban location, one regional city location with outreach programs to rural and remote communities, and one discrete Indigenous community location.

Integrated responses involve government and non-government agencies and community groups working together to support victims and their children as early as possible, and to provide opportunities for perpetrators to change their behaviour.

All agencies participating in the integrated response follow a common approach to working with victims and perpetrators that aims to:

- improve the safety and wellbeing of victims and their children
- reduce risks posed by perpetrators
- ensure strong justice system responses for perpetrators.

The key features of this common approach include:

- guidelines for sharing information about victims and perpetrators
- common and consistent ways to assess risk and plan safety actions for victims and their children
- high risk team responses for victims at greatest risk of immediate harm or fatality because of domestic and family violence.

The integrated response trial, including high risk teams, began in 2017 in Logan–Beenleigh (urban), Mount Isa–Gulf (regional with outreach), and Cherbourg (discrete Indigenous community).

Why was the integrated response trial evaluated?

The Taskforce recommended the evaluation as this was the first time that Queensland had implemented a common approach to integrated service delivery for domestic and family violence across government and non-government agencies and community groups. A key difference from past initiatives to improve integration of the delivery of domestic and family violence services was the introduction of high risk teams. These teams coordinate immediate actions to be taken by government and non-government agencies to improve the safety of victims and their children and hold perpetrators to account.

It is important that successes and positive outcomes from the common approach are identified and shared with other agencies who provide services to people experiencing, or perpetrating, domestic and family violence. It is also important to identify how the model can be continuously improved.

How was the evaluation undertaken?

The Department of Child Safety, Youth and Women (on behalf of the Queensland Government) contracted the Griffith Criminology Institute, Griffith University, to undertake the evaluation.

The evaluation considered:

- how well all agencies participating in the trial worked together, including identified successes and areas for improvement
- whether the common approach to responding to domestic and family violence was working, and areas requiring further work to strengthen services' responses to victims and perpetrators
- the early benefits and outcomes of the trial
- the extent to which the client management system (information technology solution) supported the work of integrated responses and high risk teams, including areas requiring improvement.

The evaluation process included:

- interviews and focus group discussions with key service providers (government, non-government and community groups) and high risk team members in all three locations (more than 100 individuals participated)
- referral information relating to 1413 victims considered by the relevant high risk teams
- a review of closed case files where victims had given consent (90 files examined)
- a survey of staff participating in the integrated responses and high risk teams (73 respondents)
- a review of information and documents guiding the work of integrated service responses and high risk teams in each location (for example, governance papers, minutes of meetings).

What were the key findings?

The evaluation identified many benefits, strengths, and indicators of progress. These included:

- **an overwhelming focus in both processes and responses on improving victim safety across all three sites**

> *"That the service can create those navigational paths for the victim in a way that still empowers them to make their own decisions and find their own way, I think is a benefit to the victims."*

- **faster and more targeted service responses for victims and perpetrators referred to high risk teams**

> *"I can think of numerous women who have been referred to the HRT who would not have gotten where they are without the HRT coordination. So I think that's fantastic."*

- **more 'eyes' on perpetrators**

> *"Perpetrators are no longer getting away scot free."*

> *"Being an expert on him keeps her safe."*

- **improved information sharing between agencies, especially about victims and perpetrators referred to high risk teams, leading to more informed decision making about actions to be taken by individual services**

> *"Information sharing is the biggest key, so the different departments coming together and sharing that information gives each department a bigger picture, and then working out which agencies can contribute towards that safety."*

- **large government agencies placing a greater focus on identifying and responding to domestic and family violence**

> *"I have heard from others telling me how much more comfortable they were in calling our service and seeking additional support for one of their victims."*

- **stronger relationships between participating service providers, especially government and non-government agencies**

> *"They [participants] were pointed in the right direction of how to support a client through a process with QPS [Queensland Police Service]."*

- **improved understandings about the differing roles of agencies when identifying and responding to domestic and family violence**

> *"It holds the agencies accountable…it makes everyone accountable, including myself, including my own agency."*

- **enhanced agency accountability around the services and supports provided by agencies.**

Overall, the evaluation found the trial has produced evidence of improvements in service integration.

What were some of the identified challenges?

The evaluation identified the following challenges across the trial locations:

- the common approach to assessing risk has developed differently than was intended, meaning that participating agencies are assessing risk differently — this has broadened the scope of work for high risk teams
- confusion about the separation of roles and responsibilities of the high risk teams and the broader integrated service system response
- confusion around information sharing outside of the role/functions of high risk teams, and a perception among many stakeholders that the high risk team was the only mechanism for information sharing
- the need for more culturally appropriate processes and services for Aboriginal and Torres Strait Islander participants and those from culturally and linguistically diverse backgrounds
- while there is a significant focus on improving victim safety, this could be strengthened by more focus on perpetrators and holding them to account.

What are the key suggestions for further strengthening the model?

1. Clarify the different purposes and roles of the integrated service response and high risk teams.
2. Clarify the different purposes of assessing risk at different points in the service delivery response.
3. Support an increased focus on perpetrators within the integrated service response model.
4. Clarify and unify approaches to information sharing between agencies.
5. In the context of other key suggestions for strengthening the model, continue to support sustainable models and processes.
6. Embed a culture of continuous improvement and best practice in integrated responses to domestic and family violence.

THE VICTIM JOURNEY THROUGH THE HIGH RISK TEAM

An example of a complex referral for a 'typical' victim

The female victim in her 30's lives with four children. She was found by a member of the public, disoriented and showing signs of physical assault. She was taken to hospital where the police were called. She recounted experiencing physical and sexual violence, including strangulation, which she said was inflicted by her ex-partner. He was the father of one of the four children living in the household. The physical assault followed an escalating pattern of threats and other non-physical abuse. There was evidence of similar incidents occurring previously. The case was referred to the high risk team by a government agency.

Her situation was assessed as showing considerable vulnerabilities that heightened the risks to her safety, including: the presence of a young child; prior histories of mental health and drug use for both her and her ex-partner; her expressed fear of her ex-partner; and her social isolation and lack of obvious support mechanisms. An earlier domestic violence order had expired, and there were ongoing custody issues with her ex-partner.

A total of 35 actions were initiated, including actions relating to housing, improved security, an application for financial assistance from Victim Assist Queensland, and ongoing monitoring of the situation by the Queensland Police Service. At the point of case closure, the woman reported there had been no further violence since her last contact with the specialist domestic and family violence service, and that she continued to be engaged with support services.

Conclusion

The 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. Evaluation learnings and strategies for strengthening the model will be considered to further improve service provision and responses to domestic and family violence in Queensland, supporting safer outcomes for victims and their children and holding perpetrators to account.

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