The Domestic and Family Violence

Integrated Service System

Statewide Guide

Queensland Government

Acknowledgement of Country

The Queensland Government acknowledges the Traditional Custodians of Country throughout Queensland and Australia and their connections to land, sea and community. We pay our respects to their Elders past and present who hold the traditions and cultures of Australia's First Nations peoples.

Acknowledgement of victim-survivors and their families

We acknowledge the significant impact of domestic and family violence on individuals, their children, families and communities. We pay our respects to those who did not survive and the ongoing impacts this has on the children, family, and friends of those left behind. We acknowledge the work of victim-survivors and families who have spoken out and continue to do so, to improve responses for all.

Acknowledgement of advocates of domestic and family violence

It is also acknowledged that for countless years, advocates have worked tirelessly to not only raise awareness of domestic and family violence but to challenge government and the broader community to respond to and prevent it. This advocacy both by individuals and agencies has led to the reforms we see today.

A note on language used in this document

There are a number of different terms used in the document that may not be familiar to all readers, or may be different to the terms used by some practitioners and community members.

Victim-survivor: It is acknowledged that a person is not defined by their experiences of violence. The term "victim-survivor" is used throughout this document in recognition of a person's choice to identify as either victim or survivor, or both.

Person using violence: The term "person using violence" is used throughout this document in recognition of a person's ability to undergo personal development, be accountable for their actions, and transform their behaviours. It also acknowledges that many people using violence (particularly children and young people using violence) have been victims of violence themselves.

Contents

Introduction

"No wrong door" – integrating our service system and responses to domestic and family violence in Queensland

Domestic and family violence (DFV) is complex. It can have wide ranging impacts on a victim-survivor's life that often requires responses from multiple services and agencies. It is common for victim-survivors, their children and people who use violence to access multiple services at different points of their journey.

When victim-survivors of DFV need support, knowing where to go and how to access support can be daunting. Navigating the many agencies and systems that may play a part in that support has often fallen to the victim-survivor. For many, it may be the first time they have stepped into a police station, courthouse or DFV specialist service. For others, their first go-to for assistance may be an agency or organisation that they feel comfortable accessing. This could be a local community centre, health service, General Practitioner (GP), school, or other mainstream service.

When a person is struggling to manage the risk and impacts of DFV on themselves and their children, having to manage the many systems and responses can be overwhelming.

Responses from agencies can also vary and victim-survivors may be left to tell their story many times. Where multiple agencies are involved, without clear communication processes and partnerships, critical information may be missed, reducing opportunities to increase safety and reduce risk.

An integrated service system should provide a "no wrong door" approach for victim-survivors, where responses are designed to meet the unique needs of the victim-survivor. It needs to be victim-survivor led and take a trauma informed approach (Australia's National Research Organisation for Women's Safety [ANROWS], 2020).

Working in an integrated way to respond to DFV has been found to be best practice.

Integrated approaches can and do improve the safety of victim-survivors and their children through increasing accuracy of risk assessment, coordinating responses around safety and reducing barriers experienced by victims in accessing support (ANROWS, 2020).

To do that well, agencies and organisations need to work collaboratively. Agencies need to understand how all parts of the service system function and need to build trust with other services and sectors over time. Common practices, processes and joint decision making ensure that responses are appropriate and seamless. To integrate our systems and responses it is essential to understand what is meant by integration and how to implement this approach in practice.

It is acknowledged that integration needs to occur across the service system, from a policy and strategic perspective to the individual practitioner level. Practitioners on the ground can build partnerships, approaches and individual capacity to improve responses, but this cannot happen effectively if changes to the system are not being made to improve integration. This guide will cover integration needs across all levels of the service system.

What we know about how victim-survivors seek help

An ANROWs research report found

- One in five (21.5%) victims and survivors did not seek any source of formal help for their relationship issues.
- Help-seeking was most commonly sought from family and friends (64.4%) or a health professional (e.g., a psychologist/counsellor, general practitioner, nurse, social worker; 51.4%).
- Fewer participants sought help from specialist DFV or SV services (40.1%), police (31.1%) or legal services (19.3%).

(Hegarty, Issue 22, 2022)

Purpose of this document

Our understanding of integrated service systems and responses has developed over time. However, there still remains confusion about what is meant by integrated service systems and responses and how this is achieved in practice.

The purpose of this document is to provide a common understanding and approach to integrated service systems and responses. It outlines how working in this way is best practice and improves outcomes for people impacted by DFV. It aims to support agencies and practitioners to work in an integrated way and provide integrated responses to DFV.

This document is set out in two key parts.

Part 1 is about what we need to know about integration, including:

- the background and context to integration in Queensland
- definitions
- how integration is supported in Queensland by the Common Risk and Safety Framework
- roles and responsibilities of agencies and practitioners
- the benefits of working in an integrated way
- a victim-survivor led approach
- keeping the PuV visible
- children and young people
- intersectionality
- being trauma informed.

Part 2 is about how we do integration in practice and covers:

A. Coordinated local integration with agencies and communities.

B. Integration for agencies.

C. Integration for practitioners.

PART 1

Domestic and family violence integration in Queensland

Background and context

In Queensland, integrated service responses to DFV have been building and developing over time for many years. From local initiatives driven from the ground up by dedicated practitioners, to formalised statewide approaches, our understanding of integrated systems and responses continues to mature.

The *Not Now, Not Ever – Putting an end to Domestic and Family Violence report* (The Special Taskforce on DFV in Queensland, 2015), handed down by the Special Taskforce on DFV identified integrated responses to DFV as "best practice". Recommendations from the Taskforce report saw the development in 2017, of the *DFV Common Risk and Safety Framework* (CRASF), to guide the delivery of an integrated service system. This framework was essential in supporting the initial roll out of eight integrated service response and High-Risk Team locations across Queensland.

Since then, the integrated service system model in Queensland has been evaluated, and in the Third Action Plan (2019–2022) of the *DFV Prevention Strategy 2016–2026* (DFVP Strategy), the Queensland Government committed to utilising the findings from that evaluation to strengthen and revise the CRASF.

2014
Inquest into the intimate partner homicide of Noelene Beutel recommended the establishment of an interagency model for responding to DFV.

2015
Special Taskforce on domestic and family violence report recommended establishment of an integrated service response and High-Risk Teams.

2017
Trial sites established in Logan/Beenleigh, Mount Isa and Cherbourg.

2018
Additional sites established in Brisbane, Ipswich and Cairns.

2019
Evaluation undertaken by Griffith University. Additional sites established in Mackay and Caboolture.

2021
Women's Safety and Justice Taskforce recommends the roll-out of further sites.

In 2021, the Queensland Government established the Women's Safety and Justice Taskforce (WSJT) to examine coercive control, the need for a specific offence of 'commit domestic violence' and the experiences of women and girls across the criminal justice system. In December 2021, the WSJT released its first report *Hear Her Voice – Report One – Addressing coercive control and domestic and family violence in Queensland.*

The report emphasised the importance of an effective integrated service system, noting this is critical to preventing and effectively responding to DFV. The report called for a conceptual shift whereby services across the spectrum of government and non-government human service agencies are recognised as essential parts of broader perpetrator intervention systems and work together to create a web of accountability.

A number of other reviews, inquiries, and evaluations have informed the Queensland Government's approach to delivering and strengthening integrated services responses.

This includes findings and recommendations from the Domestic and Family Violence Death Review and Advisory Board, the Queensland Audit Office review into DFV responses in Queensland, and the review of the Third Action Plan of the DFVP Strategy.

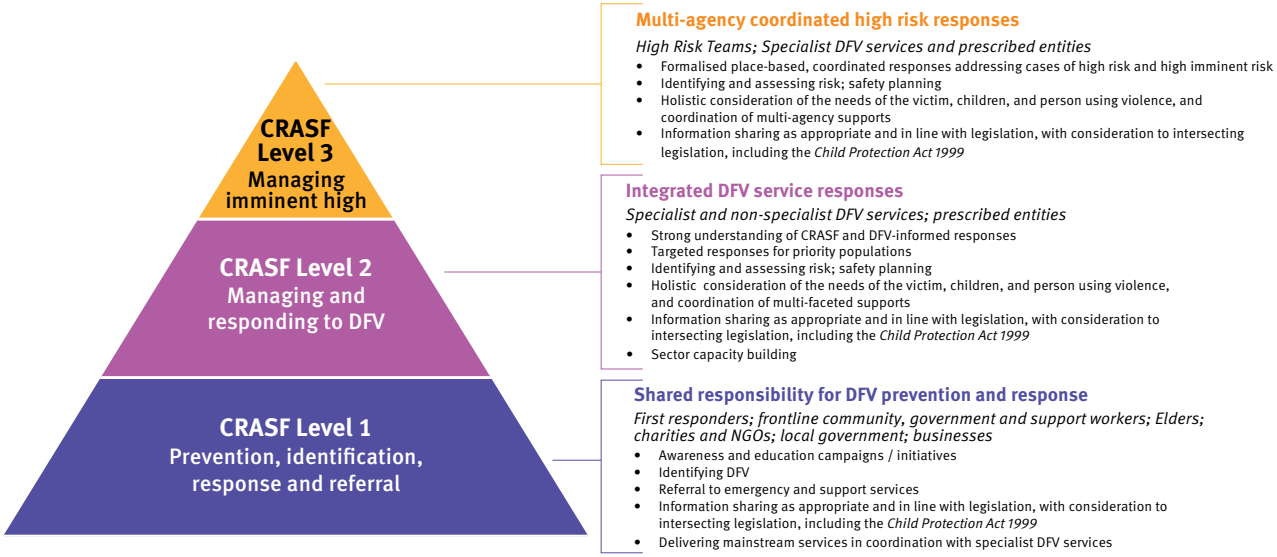
In 2022, the Department of Justice and Attorney-General undertook a revision of the CRASF. The review involved extensive consultation and testing with practitioners and managers from across the DFV system. The revised CRASF has incorporated findings from the integrated service response trial and evaluation and reflects contemporary understandings of DFV, risk and guidance around coercive control.

The DFV Common Risk and Safety Framework supports and guides integration

In Queensland, integrated service responses are underpinned by the CRASF, a whole of system framework for risk assessment and safety management. The CRASF is designed for use by government and non-government agencies, as well as community members, businesses and others who may come into contact with people experiencing, or at risk of experiencing, DFV.

The CRASF offers an evidence-based, best-practice approach to recognising, assessing, and responding to DFV. It articulates a shared understanding and language, provides common minimum standards and approaches, and offers practical advice and guidance for risk assessment and safety planning.

Queensland's integrated service system is based on three levels of response, as outlined in the CRASF. Please refer to the diagram below.



Level 1 Level 1 responses are focused on ***prevention, identification, response, and referral.*** Level 1 responses include a shared responsibility across government, non-government organisations, and the community to prevent DFV, identify where DFV may be occurring, and act appropriately to respond.

Level 2 Level 2 responses are aimed at ***managing and responding*** to DFV when it has been identified. This may include specialist and non-specialist services, government and non-government agencies and requires a strong understanding of DFV and DFV-informed responses. It involves identifying and assessing risk and undertaking safety management with holistic consideration for the needs of the victim-survivor, their children, and the PuV. It requires coordination of multi-faceted supports and information sharing as appropriate and in line with legislative provisions.

Level 3 Level 3 responses are addressed by ***multi-agency coordinated high risk response teams.*** Level 3 responses involve formalised, place-based, coordinated responses to address cases of high risk and high imminent risk. Staff identify and assess risk, undertake safety management and, through coordinated multi-agency responses, ensure that interventions and supports are put in place to the meet the needs of the victim-survivor, their children, and the person using violence (PuV).

Defining integration – systems and responses

Having a common understanding of what an integrated service system and integrated responses are, is essential in our response to DFV.

There has been some confusion about what the integrated service system is, or what integrated service responses are. The two terms are often used interchangeably, but there is a subtle difference.

Below are definitions of an integrated service system and integrated service response.

> *Integration is more than working together or networking. It involves services building partnerships, referral pathways and establishing formal communication processes. It is where the system coordinates responses to the specific needs of victim-survivor.*

What is an integrated service system?

A DFV **integrated service system** aims to provide consistent, quality responses across all services who may be engaged with people impacted by DFV. An integrated service system incorporates the broader service system, taking in all agencies and even communities that may come into contact with victim-survivors of DFV or PuVs.

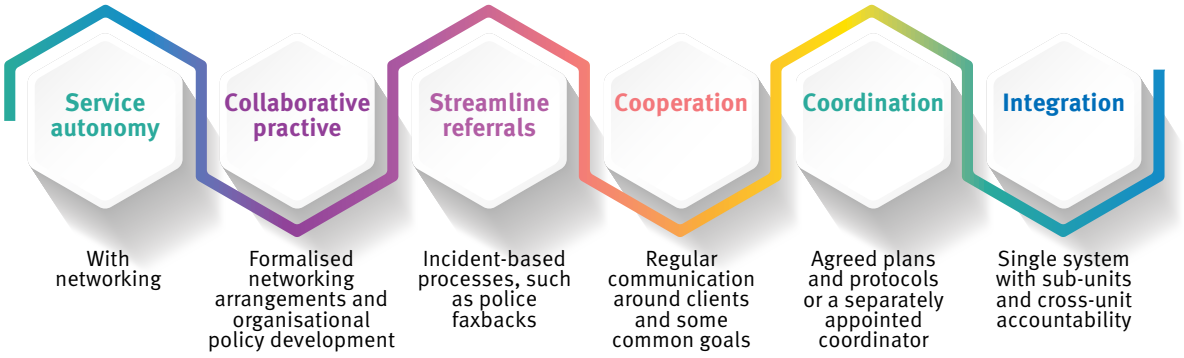
An integrated service system refers to the entire system as a whole, where multiple different service systems are brought together under the one overarching system, to deliver consistent, cohesive, and integrated responses. In this way, the DFV integrated service system encompasses the justice, health, education, child safety, housing, and DFV service systems.

It is where agencies and organisations operate as one system to meet the unique needs of the victim-survivor.

It requires all agencies and organisations to understand they have a part to play in responding to DFV and understand how they fit into the broader system.

Victim-survivors or PuV may have their first point of contact with any of these agencies, and in many cases, good practice by that agency may be enough to provide an effective response. Good service provision by individual relevant agencies remains vital in responding to DFV. In a broad social model, good individual-level agency practice can provide basic support for effective responses.

However, many complex cases arise where it is clear that multiple agencies need to be involved. It is in these situations that a shared response is required to ensure coordination, information sharing where possible and appropriate, and often the development of joint solutions.



What is an integrated service response?

An **integrated service response** is any specific response or actions taken by agencies to respond to a victim-survivor of DFV, their children or the PuV. Integrated responses involve multiple agencies working together and include actions for each agency to take, to increase safety for victim-survivors and their children, and ensure accountability for the PuV.

Integrated service responses place the victim-survivor at the centre and consider the system's responses from the standpoint of the victim-survivor. The integrated service system is made up of multiple integrated service responses. These are the local-level responses established to meet local needs, but which operate under a whole of system overarching framework.

Does integration only occur in high risk situations?

The short answer is no. Integrated responses can and should occur across our service system at different points of victim-survivor contact and level of risk.

Since the roll out of High Risk Teams (HRTs) across Queensland, there has been some confusion as to whether integrated responses to DFV only occur within the High Risk Team setting. The 2019 independent evaluation of the Integrated Service Response trial sites, completed by Griffith University, found that there was confusion about the difference between the Integrated Service Response and HRTs, with the separate roles not being well-defined in practice.

HRTs were set up specifically to address cases of high imminent risk DFV and to work as an integrated team to respond to this level of risk. However, they are not the only place that integrated responses should occur.

With pressure on the service system to respond to DFV, it is often high risk cases that become the focus for agencies. This in turn has unintended consequences of creating a gap in system responses for those who are not assessed as being at high risk, with a lesser focus on Level 1 and 2 responses. Building capacity and responses in the Level 1 and Level 2 space can assist in addressing that gap.

When integrated service systems are operating at their best, they offer a range of responses and interventions across a spectrum. Services do not require formalised teams or meetings to work in an integrated way. Rather, integration can and should occur at any time, with staff proactively liaising across service systems to coordinate responses to meet the individual needs of victim-survivors. When this is done effectively, we should start to see a reduction in referrals to high risk responses, such as HRTs, as risk is being appropriately managed at an earlier stage.

Information sharing and informed consent

When working with a victim-survivor, whenever safe, possible and practical, a person's consent should be obtained before any sharing of information. Victim-survivors have most often not been able to make clear choices and decisions for themselves. Part of supporting the self-determination of victim-survivors is to allow them to guide the decisions that are being made for them and about them.

Informed decision-making means providing all of the information to the victim-survivor to make sure they are making a choice that is fully informed. It is also about checking that they understand the information clearly and have had time to consider it appropriately.

There will be times where consent cannot be obtained because it may be unsafe, not possible or impractical to do so. The safety, protection and wellbeing of people who fear or experience DFV is paramount, and safety takes precedence over consent (Part 5A div 1 s169B of the *Domestic and Family Violence Protection Act 2012* (DFVP Act)).

Part 5A of the DFVP Act allows for information to be shared without consent, in some circumstances. There are two main purposes that information may be shared without consent under the DFVP Act:

- assessing a domestic violence threat; or
- responding to a serious domestic violence threat.

The DFVP Act is relevant to practitioners and agencies across the service system, and the information sharing provisions **are not** only to be utilised in a HRT setting. Under the legislation, information can be shared across all levels of the service system.

For further information and guidance in how, when and who can share information, refer to the *Information Sharing Guidelines*.

The benefits of working in an integrated way

There are many benefits to working in an integrated way, for victim-survivors, their children and also for service providers and practitioners.

Benefits for victim-survivors

There are many benefits for victim-survivors if agencies and practitioners work in a seamless, integrated way.

A meta-evaluation conducted by ANROWS (Breckenridge, Rees, valentine, & Murray., 2015; Breckenridge, Rees, valentine, & Murray, 2016) identified the principles and benefits of integrated responses. Benefits to the victim-survivor included:

- a focus on enhancing victim's safety (emotional, psychological and physical) either in the short or longer term, or both;
- minimising secondary victimisation – for example reducing the number of times the victim-survivor has to tell their story;
- a broader range of services may be offered beyond the initial crisis phase;
- enabling of responsive and timely decision-making; and
- provision of multiple entry points for clients to access support (Breckenridge et al., 2016).

Benefits for services and practitioners

For agencies that are trying to respond on a daily basis to the many competing demands, thinking about integration and collaboration can seem overwhelming. However, there are benefits for agencies and practitioners which can actually increase efficiency and reduce workloads. These benefits include:

- improved professional knowledge base and service-provider relationships;
- increased cross-program or agency collaboration on case management;
- a better understanding of what services do and what they don't do;
- a reduction in duplication of services and responses; and
- better information sharing and risk assessment.

Working together is not just good practice and better for clients, it is more efficient and effective.

Challenges and barriers to integration

There are challenges to integrated responses. Some of those include:

- The extent of service connection in integrated responses varies, and
  "can range from those with loose networks of interagency update meetings, through streamlined referral systems to more tightly woven, single integrated systems across a range of subunit services"
  Healey, Humphreys and Wilcox, 2013
- power imbalances between agencies
- lack of common ground between frameworks and approaches
- communication problems between and across services, causing frustration for clients and staff
- resource limitations which compromise sustainability.

Even with the challenges, strengthening integration and working as a connected system is best practice and ultimately provides for better outcomes for victim-survivors, their children, PuVs and practitioners and agencies.

Integration starts with the victim-survivor

The victim-survivor must be central to the responses of agencies and practitioners. Rather than the victim-survivor having to "fit" into systems and address concerns separately, an integrated system is responsive to the unique needs of the victim-survivor. To ensure the victim-survivor is central to the work, agencies should start by asking:

- What does the victim-survivor want to happen?
- Who are they most comfortable speaking with and working with?
- Do agencies have informed consent to share information and work together?
- What is each agency doing? Are they communicating?
- Is there a service most appropriate to the victim-survivor that can be the point of contact and/or provide case-management or oversight?
- Is there a safety management plan that agencies can share and contribute to (with consent)?

Supporting the self-determination of victim-survivors

The lived experience, dignity, and safety of victim-survivors is central to the CRASF. Victim-survivors are experts in their own unique experiences of DFV. Any engagement with the victim-survivor should be focused on supporting and increasing their self-determination and gaining control back over their lives.

Coercive controlling behaviours can be used by a PuV to erode a victim-survivor's self-confidence. Engagement with the victim-survivor must emphasise and validate their strengths and place the responsibility for the abuse entirely with the PuV.

When undertaking engagement with a victim-survivor, ensuring the approach is victim-survivor led and informed is essential. They know the PuV's patterns of behaviour and the impacts of this on themselves, their children and their family.

Victim-survivors are making decisions about their safety every day and managing risk to themselves and their children. To understand the choices victim-survivors are making, we need to understand the PuV's pattern of behaviour, and the victim-survivor is best placed to provide that information. They will also know what strategies they have used previously, which ones worked, and which have not. Taking a victim-survivor led approach is not only a good thing to do, but also crucial in increasing safety and reducing risk.

Integration includes keeping the PuV visible

Historically, responses to DFV have primarily focused on the victim-survivor. What are they doing to keep themselves and their children safe? What services are engaged with them?

The PuV has often not been visible to agencies. This not only results in missed opportunities to hold that person accountable for their actions, but it can also increase risk to the victim-survivor.

When there have been responses to the PuV, they have often been agency-based, reactive and focused on one incident. As DFV is understood as a pattern of behaviours and actions over time, how we respond to the PuV needs to consider this as part of any intervention.

Integrated service responses can and should include the PuV where possible. To increase safety for victim-survivors and their children and ultimately eliminate DFV, services that come into contact with PuVs need to also be part of the integrated response to DFV. Every time a PuV accesses a service, there is an opportunity to affect behaviour change and intervene. An integrated response to DFV can provide a "web of accountability".

> *"As approaches around the country have matured, it is increasingly recognised that to keep victims safe, the focus on perpetrators must intensify. If the causes of the behaviour aren't addressed and the behaviour stopped, the victim, and future victims, continue to be at risk" (Taskforce, 2021, p. 504)*

Web of accountability

To be responsive to PuV, our understanding of accountability needs to be broader. Police and justice responses play a significant part in holding PuV accountable for their behaviours and help to keep victim-survivors safe. However, as the web of accountability highlights, there are multiple ways messages about accountability can be delivered in different settings, including from the community.

Integrated service responses enable a more flexible response to the ongoing assessment of the victim-survivor's safety and the individual needs of a PuV to maximise victim-survivor safety, PuV accountability, and opportunities for long-term behavioural change (Taskforce, 2021).

Accountability and behaviour change are much more likely to occur when agencies and community are working together to ensure the PuV is visible and reinforcing the same messages and approaches to DFV.

Building this integrated service system will take time, however work is already underway to do this. A culturally aware and appropriate PuV risk assessment approach and tool is being developed to complement the victim-survivor focused CRASF and expand on the suite of CRASF tools. The tool will be used by relevant agencies and services who engage with PuV and will support consistent, best-practice approaches to recognising, assessing and responding to DFV.

Agencies and practitioners can ensure that when they are responding to the victim-survivor or their children, they are also considering the PuV. This could mean completing perpetrator mapping, asking questions about the PuV to build the picture, or connecting with agencies that may be able to intervene with the PuV. It is important to ensure visibility wherever possible.

For agencies working with PuV, whether directly on their DFV behaviours or to address other challenges they may be experiencing, it is important to find ways to reinforce messages of accountability and build connections with other services and systems.

It is acknowledged that for many agencies and practitioners, working with PuVs is a relatively new or emerging area of practice. Broader systemic development and advocacy through provision of training, professional development, targeted community development activities and systems change is required to build capacity and responses.

Integration includes children and young people

Children and young people are now recognised as victim-survivors of DFV in their own right. The impacts on children and young people are significant and can have long lasting effects.

Historically, a child's risk of DFV was considered only through the risk to their non-offending parent or carer. However, the level of risk faced by an adult victim-survivor and a child are different and may vary from child to child. Parents or carers may choose not to disclose the full extent of DFV for a range of reasons, including parental shame and fear of statutory intervention. This can mean that the risks facing children can be missed if a specific risk assessment is not undertaken. The CRASF includes specific risk factors related to children and a Level 1 child screening tool.

In regard to young people impacted by DFV, culturally appropriate risk assessment approaches and tools are also being developed. Separate tools will be developed for young people experiencing or at risk of experiencing DFV, and those using violence. Similar to the perpetrator-centric tool, this will complement the victim-survivor focused CRASF and further embed the CRASF as a whole of system framework.

Where there are children or young people involved, their unique needs should be considered in any response. This is where child protection, family support agencies and education providers can be part of the integrated service system.

Integrated approaches do not have to be limited to responses to harm, they can also include prevention. Primary prevention aims to prevent violence before it occurs. The WSJT emphasised the importance of an increased focus on primary prevention, particularly with children and young people, with examples including the respectful relationships education delivered through school curriculum, and external programs that bring multiple agencies together to deliver primary prevention messages such as R4Respect and Love Bites.

Communities and agencies can also work collaboratively to identify opportunities for working together to respond to and prevent DFV.

An intersectional response

Intersectionality recognises that multiple and intersecting factors can result in an individual experiencing overlapping forms of discrimination and marginalisation, including sexism, racism, ableism, homophobia, transphobia, classism, heteronormativity and the ongoing impact of colonisation. The concept of intersectionality assists in highlighting the unique experiences of victim-survivors from diverse backgrounds.

Having an intersectional response to DFV recognises that aspects of an individual's identity such as their race, gender, age, sexual orientation, or social status can lead to increased risk, severity and frequency of DFV and create barriers to reporting violence. In many cases, they may have previously experienced discrimination by the services sector and government.

Any integrated approach needs to consider and respond to the unique needs of the victim-survivor and the various factors which may be impacting a victim-survivor's experience of violence. Localised responses should consider the diversity of the community and ensure that there is representation of this diversity in any planned approach taken.

For example, victim-survivors who identify as LGBTQIA+ may have their experience of DFV exacerbated due to the impact of homophobia. The person using violence may threaten to 'out' the victim-survivor to their friends, family or work colleagues or use their sexuality against them as a way to control them. Additionally, mainstream systems may stigmatise and discriminate against the victim-survivor by misunderstanding the relationship dynamic or providing a different response than they would to a victim-survivor of a heterosexual relationship.

For a First Nations victim-survivor, reporting DFV to agencies may be particularly hard due to previous negative experiences with police or authority figures and the effects of government decisions such as the forced removal of children. Victim-survivors may fear stigmatisation and being ostracised from family and community. Mainstream services may not be culturally safe or understand the specific needs of the victim-survivor.

While these examples highlight some of the risk factors experienced by a community, people from certain communities may also have different protective factors that can be activated as part of safety planning, leveraging the strengths of their identity and community.

The CRASF adopts an intersectional approach and supports practitioners to consider the unique risk factors, safety planning concerns and protective factors relevant to victim-survivors from the following communities:

- Aboriginal and/or Torres Strait Islander victim-survivors
- Culturally and linguistically diverse (CALD) victim-survivors
- Victim-survivors with disability or mental health concerns
- Lesbian, gay, bisexual, transgender, intersex or queer + victim-survivors
- Victim-survivors living in regional or remote areas
- Elderly victim-survivors.

Being trauma informed

Being trauma informed involves understanding how trauma impacts on people's lives. Trauma can be a single incident or repeated events that occur over time that overwhelm a person's ability to cope. Trauma may be experienced as emotional, physical, or psychological harm. It can affect whole communities and across generations (BlueKnot, n.d.). Trauma can affect the way people seek help and engage with services as they may feel unsafe, find it hard to trust other people or are fearful.

In the DFV integrated service system, it is important to consider trauma-informed practice. Agencies and practitioners should be equipped to understand the widespread impact of trauma and understand potential paths for recovery. They should be able to recognise the signs and symptoms of trauma in clients, families, staff, and others involved in the system. They should also be fully integrating knowledge about trauma into policies, procedures, and practices, and seek to actively prevent re-traumatisation.

Trauma informed practice embodies the principles of safety, trustworthiness, choice, collaboration and empowerment and understands that positive interactions with people are central to helping people recover from trauma.

Intergenerational trauma

Intergenerational trauma can impact on whole communities. When people don't have the opportunity to heal from trauma, they may unknowingly pass it on to others. Their children may experience difficulties with attachment, disconnection from their extended families and culture and high levels of stress from family and community members who are dealing with the impacts of trauma. This can create developmental issues for children, who are particularly susceptible to distress at a young age. This creates a cycle of trauma, where the impact is passed from one generation to the next. In Australia, intergenerational trauma predominantly affects the children, grandchildren and future generations of the Stolen Generations (Healing Foundation).

PART 2 INTEGRATION IN PRACTICE

Integrated approaches and responses can occur at a system level, strategic level, at an organisational level and at the practitioner level. This section focuses on what this might look like in practice.

PART 2A

Coordinated and localised integrated service responses

While HRTs were an initial focus and priority in implementing the integrated service system model, they are only one component of Queensland's integrated service system. A vast and growing number of formalised, coordinated integrated service system responses are already operating across Queensland in response to local needs.

Integrated approaches can take a range of forms. Each of these have different aims and implications for agencies and practitioners.

These responses usually consist of a specialist DFV service provider, Queensland Government mainstream and generalist agencies, and other non-government service providers. The makeup of the group will vary according to local needs. The non-government service providers receive Queensland Government funding for the delivery of services and, where appropriate, some funds may be allocated towards supporting the service provider's participation in the multi-agency group. Some specialist DFV service providers will receive dedicated funding to support and/or lead the integrated service response in their local area, which covers costs associated with supporting the multi-agency approach.

Government agencies utilise existing resources to support the work of a multi-agency approach.

This 'ground up' approach is vital for an effective integrated service system. As the integrated service system continues to mature and expand, more of these formalised integrated service responses are expected to be established.

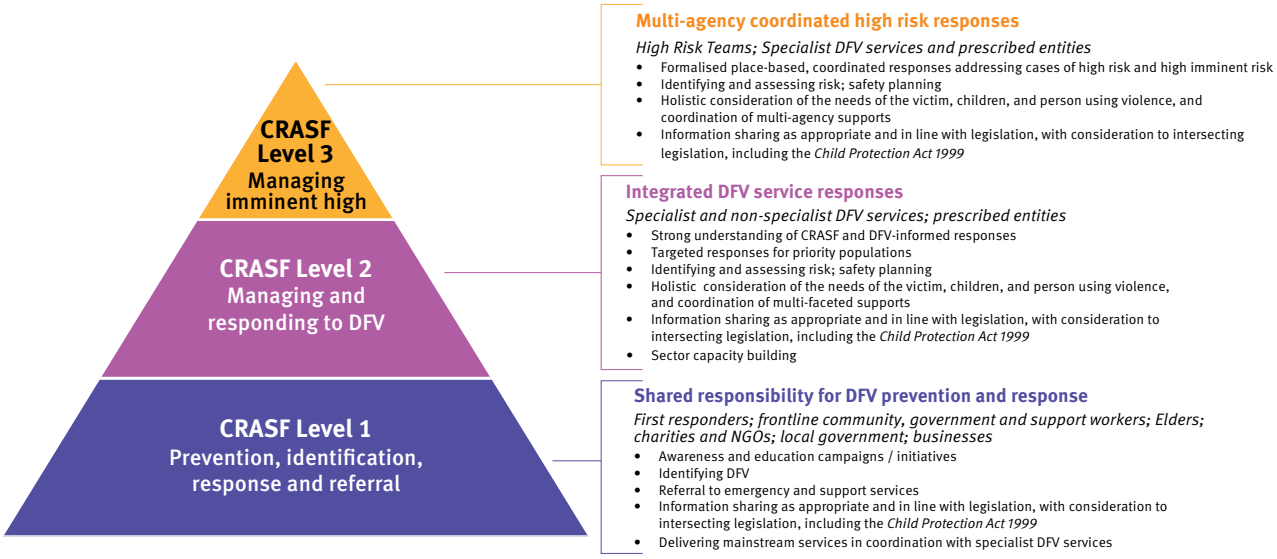
The **purpose** of this section is to provide a best practice approach for guiding the establishment of formalised integrated service responses, for localised use by agencies in their communities across Queensland.

Localised coordinated responses do not always focus on high risk

HRTs and multi-agency responses to high risk DFV, are one component of the overall integrated service system. Localised integration should consider all parts of the system, across Levels 1, 2 and 3 as outlined in the CRASF. Local agencies should identify the needs and opportunities to integrate approaches across the system.

If agencies can identify DFV at an earlier stage and intervene before risk escalates to high risk, this will keep victim-survivors safer, provide opportunities for the PuV to address their behaviour and prevent cases escalating to HRTs.

The CRASF can provide a guide by outlining the levels of intervention or response.



KEY STEPS

A local integrated service system and response approach

There are some key steps that can be taken to establish a local integrated system approach.

Integrating local service approaches takes time, commitment and buy in from all involved. It may at times move more quickly than other times. It may start with one area of focus and move to another. It may involve small manageable steps. It will depend on the resourcing and capacity of each local area and agency.

Step 1 – Establish who needs to be involved

DFV specialist services are essential to any integrated service system or response. Recognising and utilising the specialist knowledge and expertise of specialist DFV services, including in providing trauma informed, specialist assessments of risk and safety planning is paramount.

However, not all integrated work or coordination of this work should fall to DFV specialist services. All services have their part to play. To have a truly integrated system requires a range of agencies to be involved.

Consider both the government and non-government agencies that are required. These could include the Queensland Police Service (QPS), Courts, health services, Child Safety, Youth Justice, Housing, Corrective Services, Victim Assist Queensland (VAQ) and Education.

You should also consider services that are key to the integrated service response but are not always 'at the table'. For example, men's behaviour change programs and perpetrator interventions, mental health services, and alcohol and other drugs services.

Agencies can come together and establish a working group or committee. This process could be initially led by the local DFV specialist service, Integration Manager, QPS or another key agency. The aim should be to work as an integrated group, where all agencies commit to playing their part to build an integrated service system. Establishing a decision-making group is important to guide the strategic and systems work that needs to occur to support integration.

Agencies and organisations involved would need to consider:

- Are there any working groups, networks, approaches already in place? If yes, who leads them and what is their function?
- Who should be involved?
- What is the purpose and the priorities of the group?
- Will one agency lead the group or is it a partnership model?

Once agencies have agreed to be involved in setting up an initial meeting, it is then important to bring everyone together.

Eight key indicators

1. Developing an integrated domestic and family violence and sexual assault service system Indicator.
2. Strengthening community partnerships Indicator.
3. Clarifying committee function and diversifying representation on the committee Indicator.
4. Developing domestic and family violence and sexual assault service pathways Indicator.
5. Regularising joint review and planning Indicator.
6. Supporting risk assessment and risk management Indicator.
7. Developing professional practice across the system Indicator.
8. Supporting evaluation and research (Healy, 2013).

Step 2 – Bringing everyone together and identifying local needs

An initial meeting is held to bring all identified service providers together, to discuss the purpose of the group and establish the level of commitment.

Terms of Reference

A Terms of reference (ToR) should be drafted to outline the aim and purpose of the group. The ToR will depend on the local need and aims of the group. **Appendix 1** provides a generic integrated service system ToR for use by local groups. This can be adapted or used as a guide for groups to develop their own ToR.

Resources to support integration

There are a range of resources that can assist the group to identify the needs of the local system and guide the initial planning.

The *Regional Governance Continuum Matrix of Practice* was developed by Lucy Healy and Cathy Humphreys in 2013 to support regional and localised integrated governance approaches to DFV and sexual assault (Healy, 2013). The Matrix defines 'integrated governance' as, (see quote)

The Queensland Centre for Domestic and Family Violence Research (QCDFVR) developed the *Integrated Service response: A Measurement tool for communities* based on the above matrix. This was a survey localised for Queensland use and focused on local integrated responses. Using these tools and guides can assist the group to identify local needs and plan responses.

Step 3 – the CRASF

As outlined earlier, the CRASF is a whole of system framework which guides the delivery of integrated service responses to enhance the safety of victim-survivors and their children. The CRASF should be utilised as the common approach and framework for Queensland. Therefore, it is important for groups to explore the three levels of the CRASF and what the needs are for each level, to identify the gaps and opportunities.

> *"The ways in which decision making and the implementation of decisions in one area of a service system (such as decisions about allocating resources, devising communication systems, and aligning policies and practice models) are linked to decisions and actions elsewhere in the service system in an informed and coordinated way (Healy, 2013, p. 6)."*

Level 1 – Prevention, early identification, response and referral

This may include identifying and mapping out mainstream level 1 services, practitioners and community, or identifying the needs and priorities of level 1 responses. Questions to consider might be:

- What is the level of understanding of DFV across mainstream agencies/community?
- Are referral processes in place?
- Are there prevention activities occurring?
- Are there opportunities for prevention activities?

Level 2 – Managing and responding to DFV

Level 2 is designed for those who are working with DFV frequently and have a strong understanding of risk assessment and safety management planning. Areas to consider include:

- Risk assessment – are all agencies utilising the level 2 risk assessment tools? What capacity building is required?
- How well are agencies working together on safety planning and responding to identified DFV?
- How strong are the referral pathways? Do they need developing?
- Is collaboration and information sharing occurring?

Level 3 – Managing imminent high risk DFV

Responding to high risk DFV is an important part of the integrated service system and response. It is therefore important to know if there is already a HRT established in your area. To find out where HRTs are located across Queensland, please visit the *Integrated service responses web page,* or contact your local DFV specialist service. If there is a HRT operating within your region, it is important to ensure that referral pathways are strong and services know how to connect and fit in with the HRT.

If there is not a HRT within your region, the group may decide a multi-agency response to high risk DFV would be beneficial. Some locations across Queensland have identified this need and as a result, established high risk multi-agency local integrated service responses. Noting there are many things to consider if you are interested in establishing a multi-agency high risk response.

Appendix 2 outlines considerations and steps for establishing a **high risk multi-agency response.**

Step 4 – Developing an Action Plan

Once the group has been established, a ToR is in place, local needs and gaps have been considered, the group should then develop an Action Plan. This plan will act as a guide for the group to work towards collaboratively. The plan can be monitored, assessed and developed over time.

An example of an **Action Plan** is provided at **Appendix 3**.

Examples of integrated localised approaches and responses in Queensland.

Case study: Gold Coast Domestic Violence Integrated Response

The Gold Coast Domestic Violence Integrated Response (GCDVIR) was established in 1996 to improve responses to DFV following high rates of DFV and DFV homicides on the Gold Coast. GCDVIR was established for the purpose of providing coordinated, appropriate, and consistent responses to women and children affected by DFV. Its aims are to:

- enhance the safety of victim-survivors and their children
- reduce secondary victimisation by the system
- work with service systems to hold persons using violence accountable for their behaviour
- provide a multi-agency response to domestic violence and abuse on the Gold Coast.

Membership

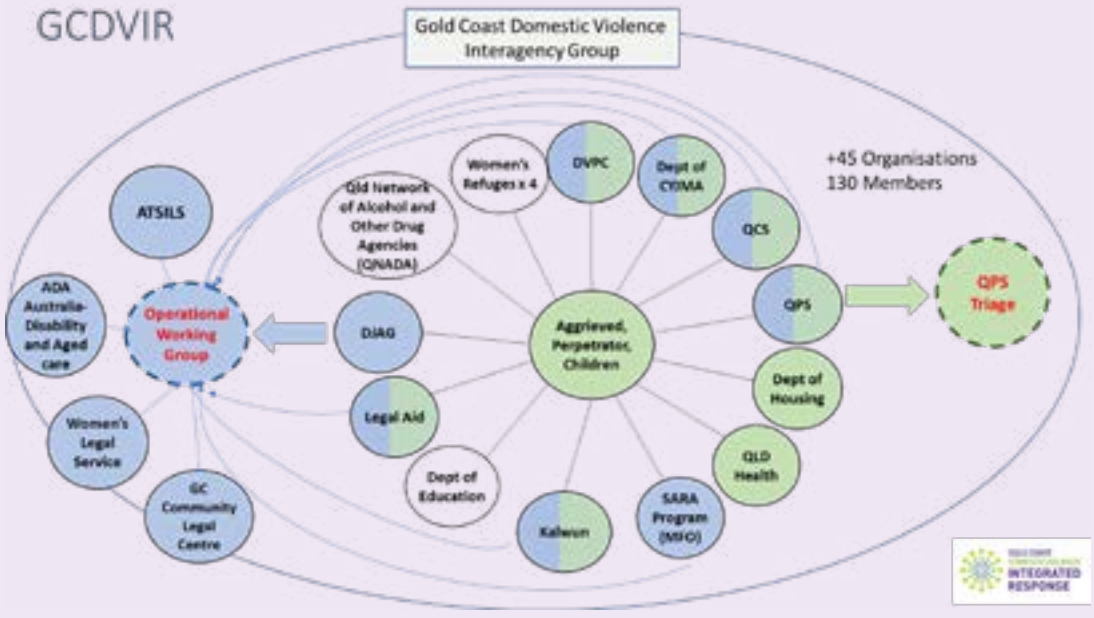
Membership to GCDVIR is by invitation only. Member organisations are identified as critical contributors to deliver an effective coordinated community response to victim-survivors of DFV who are likely to be, or are currently engaged with, the criminal justice system. Representatives hold managerial and decision-making roles in their organisations.

Function

GCDVIR functions at a strategic and operational levels. At a strategic level, representatives meet monthly with meetings focused on identifying gaps in the wider system, discussing current trends, dominant themes, sector updates or organisational updates.

At an operational level, member agencies communicate with each other on a regular basis for referrals, advocacy support, and high-risk matters to identify the best possible integrated and collaborative response. This can also occur through Triage, the Operational Working Group, and the Men's Domestic Violence Education and Intervention Program.

High risk de-identified case unpacks are another important way in which GCDVIR identifies and strives to address gaps in the wider system. Through case unpacks, GCDVIR members discuss if any further support could have been offered in the matter and unpack whether and how a person using violence was held accountable. Identifying unintended consequences of interventions is also a critical part of case unpacks discussions.



PART 2B
Integration in practice–integration for agencies

Integration for agencies

Individual agencies should review and evaluate how they are working in the integrated system.

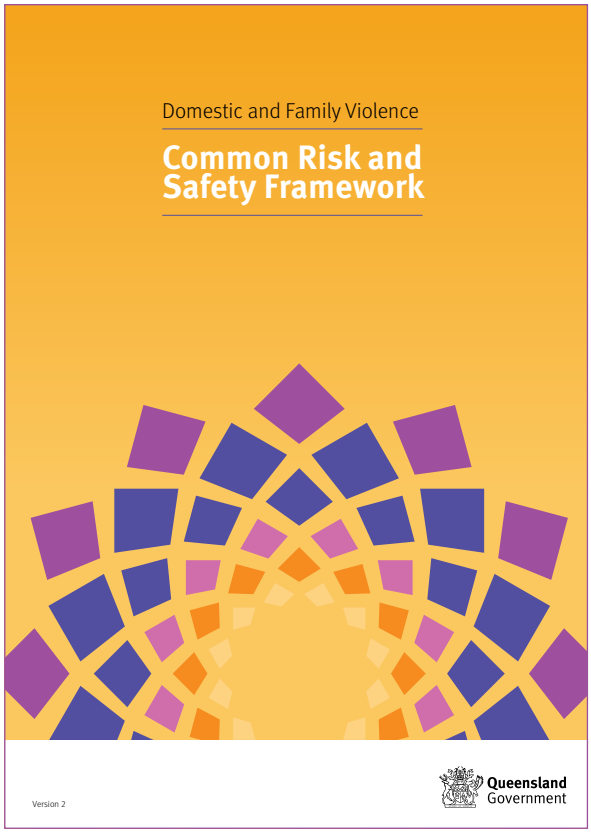
All agencies have a role to play, and identifying what that role involves, is a good starting point.

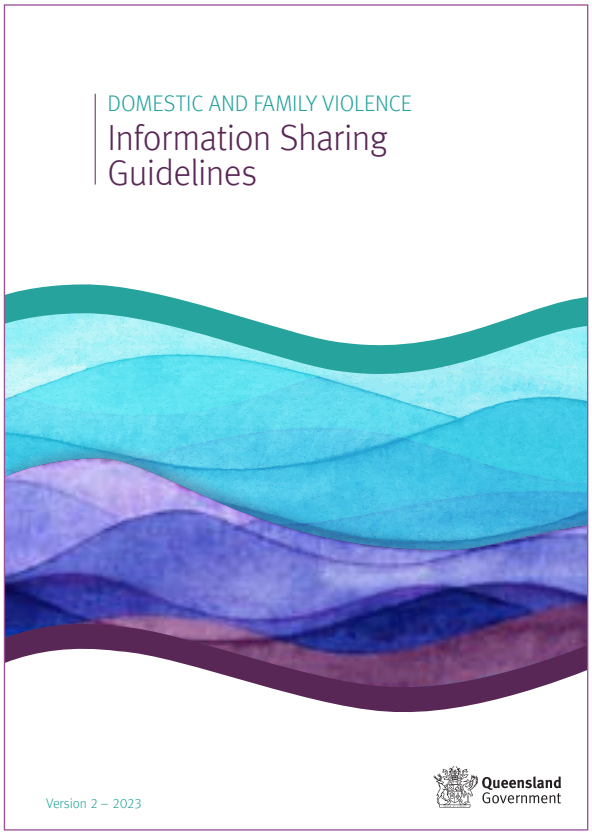
In Queensland, integrated service responses are underpinned by the CRASF, a whole of system framework for risk assessment and safety management. The CRASF is designed for use by government and non-government agencies, as well as community members, businesses and others who may come into contact with people experiencing, or at risk of experiencing, DFV. The CRASF does not just provide risk assessment tools, it provides a shared understanding of DFV and guiding principles that can assist agencies in ensuring they are DFV informed and playing their part in identifying and responding to DFV.

The CRASF offers an evidence-based, best-practice approach to recognising, assessing, and responding to DFV. It articulates a shared understanding and language, provides common minimum standards and approaches, and offers practical advice and guidance for risk assessment and safety planning.

The information sharing guidelines also provide advice and support agencies to work in an integrated way.

The following audit tool helps agencies identify how they are working within the integrated service system, including their role in recognising, assessing, and responding to DFV.





Integrated Service Systems Practice Alignment Self-Audit Tool

Overview for the tool

This audit tool helps agencies identify how they are working within the integrated service system, including their role in recognising, assessing, and responding to domestic and family violence (DFV).

The tool is aligned to the CRASF and the *Domestic and family violence services – Practice principles, standards and guidance*.

How to use the tool

1. Identify an appropriate employee within your individual agency to complete the tool. This individual should have knowledge of operational processes, procedures, and the integrated service system, including the CRASF.
2. Identify your agency's role in the integrated service system.
3. Collect evidence to demonstrate your agency's achievements against the guiding principles of the CRASF.
4. Assess the evidence against the tool's achievement standards and document comprehensive notes. This will assist with a final evaluation and inform future achievement goals.

Achievement levels

There are five levels of progress for each principle. Assessment of progress is subjective, but each level is outlined below.

No Evidence	Unable to demonstrate actions that align with the CRASF. Policies, procedures and practice guidance are ineffective or unused.
Minimal Evidence	Undertaken minimal steps towards updating policies, procedures and practice guidance to demonstrate actions that align with the CRASF. Any policies, procedures and practice guidance in place are insufficiently embedded and minimally followed.
Some Evidence	Made some progress to update or add policies, procedures or practice guidance, however this is not deployed or consistent. Staff members are not familiar with the CRASF or their agency's role within the integrated system.
Good Evidence	Taken demonstrable actions towards achieving alignment with the CRASF through procedures and practice guidance, however there is room for further work to be undertaken, including more consistent use of the CRASF.
Significant Evidence	Comprehensive policies, procedures and practice guidance in alignment with the CRASF. The agency has consistently met expectations in alignment with the CRASF and understanding their role within the integrated service system. Policies, procedures and practice guidance demonstrate successful implementation in staff understanding and use, and client outcomes. Regularly reviews the policies, procedures and practice guidance.

Establish your agency's role in the Integrated Service System

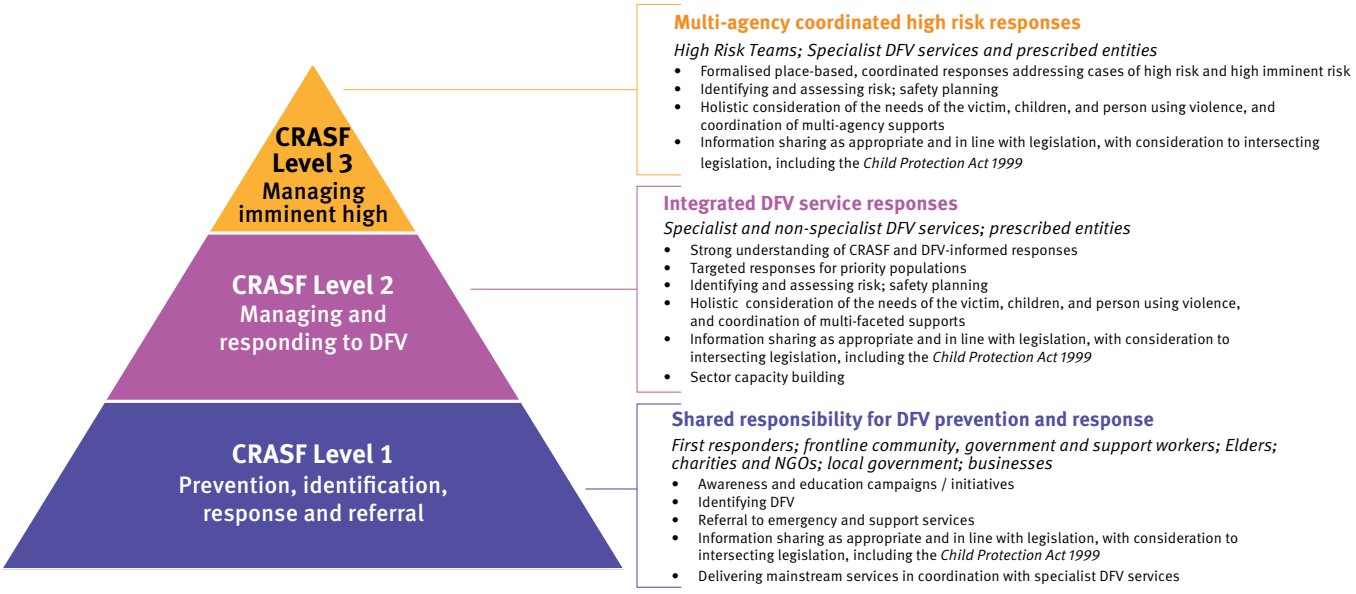
The CRASF outline three levels of response to DFV. Identifying whether your agency is working in the Level 1, Level 2 or Level 3 space is essential. You may identify that some staff are responding at the Level 1 space and others are more specialised and fit into Levels 2 or 3.

For example, a family support service may provide a range of services and employ staff with different levels of understanding of DFV. Staff completing family assessments and interventions may be considered Level 1 responders. However, the agency may also employ a DFV practitioner. They would be considered a Level 2 responder.

Level 1 Level 1 responses are focused on ***prevention, identification, response, and referral.*** Level 1 responses include a shared responsibility across government, non-government organisations, and the community to prevent DFV, identify where DFV may be occurring, and act appropriately to respond.

Level 2 Level 2 responses are aimed at ***managing and responding*** to DFV when it has been identified. This may include specialist and non-specialist services, government and non-government agencies and requires a strong understanding of DFV and DFV-informed responses. It involves identifying and assessing risk and undertaking safety management with holistic consideration for the needs of the victim-survivor, their children, and the PuV. It requires coordination of multi-faceted supports and information sharing as appropriate and in line with legislative provisions.

Level 3 Level 3 responses are addressed by ***multi-agency coordinated high risk response teams.*** Level 3 responses involve formalised, place-based, coordinated responses to address cases of high risk and high imminent risk. Staff identify and assess risk, undertake safety management and, through coordinated multi-agency responses, ensure that interventions and supports are put in place to the meet the needs of the victim-survivor, their children, and the person using violence.



Your selection in the below table will indicate what level your agency intersects with the CRASF tools.

Agency role	Client description	CRASF tool	Agency response
An agency or person may have DFV disclosed to them in the course of their duties	May have experienced or be experiencing DFV	1	
An agency or professional required to assess DFV risk	Violence has already been identified	2	
An agency or professional required to develop a safety plan	Violence has already been assessed and requires a safety plan	2	
An agency or professional who is part of a multi-agency response	Violence has already been assessed and the assessment has resulted in a referral to a multi-agency team	3	

Assessment of agency alignment with principles

Principle 1: Commitment to shared understanding of risk

Reflection prompts

To what extent does your evidence suggest that:

- The agency shares the common understanding of DFV risk as outlined in the CRASF.
- The agency uses the **CRASF screening, risk assessment and safety management tools.**
- Staff have completed at minimum **CRASF Level 1 and Level 2 online modules.**
- Staff are trained to recognise and identify the variety of risks that can be present for victim-survivors.
- Staff follow their organisation's risk management processes. These are clear, understood by all staff and able to be actioned by staff if the risk is assessed as sufficient to instigate such a process.

Assessment		Notes
Significant	☐	
Good	☐	
Some	☐	
Minimal	☐	
None	☐	

What practices and processes are in place to meet this principle?

What practices and processes need to be improved or put in place to meet this principle?

Principle 2: Supporting the self-determination of victim-survivors

Reflection prompts

To what extent does your evidence suggest that:

- Systems, processes, and staff respect the lived experience, dignity and safety of victim-survivors.
- Engagement with victim-survivors is focused on supporting and increasing self-determination and control over their own lives.
- Staff support, listen to, and respond to victim-survivors in a respectful, sensitive, developmentally appropriate, and non-judgemental way.
- Staff engage with the victim-survivor in a way that emphasises and validates their strengths.
- Responsibility is placed entirely on the person using violence.
- Consent before sharing information is preferred and, where possible, staff should receive the victim-survivor's expressed, informed consent prior to engagement.
- Staff are aware of the obligations of public entities under the *Human Rights Act 2019*.

Assessment		Notes
Significant	☐	
Good	☐	
Some	☐	
Minimal	☐	
None	☐	

What practices and processes are in place to meet this principle?

What practices and processes need to be improved or put in place to meet this principle?

Principle 3: Recognition of children and young people as victim-survivors in their own right and commitment to meeting their unique needs

Reflection prompts

To what extent does your evidence suggest that:

- Systems and processes do not assume the risk of children and young people is the same as adult victim-survivors.
- Specific tools for children and young people are utilised by the agency.
- Staff are familiar with the **CRASF Level 1 Child** screening tool.
- Staff recognise that domestic and family violence can have lifelong impacts on children and young people who witness and experience violence and significantly impact the relationships between the parent, child and community.
- Staff recognise the complex ways in which children are harmed through experiencing violence, and the tactics of control and abuse of power that they experience.
- Staff treat children as individuals and acknowledge the strength they bring to the family in developmentally appropriate ways.

Assessment		Notes
Significant	☐	
Good	☐	
Some	☐	
Minimal	☐	
None	☐	

What practices and processes are in place to meet this principle?

What practices and processes need to be improved or put in place to meet this principle?

Principle 4: Adopting a culturally appropriate and intersectional approach

Reflection prompts

To what extent does your evidence suggest that:

- Systems and processes acknowledge the intersectionality of multiple forms of discrimination and disadvantage for certain communities.
- Staff understand that discrimination and disadvantage can make certain people more vulnerable to different types of DFV.
- Systems and processes are tailored to respond to cultural differences.
- Staff understand the connection between colonisation and intergenerational trauma that impacts on Aboriginal and Torres Strait Islander peoples.
- Staff work respectfully with Aboriginal and Torres Strait Islander people, families, communities, and Elders, by working in partnership in the decision-making process.
- Staff understand and consider local protocols and kinship relationships prior to working in a community.
- Staff recognise that an individual client may have specific needs or a cultural background that impacts on their experience of violence, their expectations of service support, and what might be an appropriate service response.
- Staff recognise there are a range of client cohorts and are able to appropriately respond to their diversity which may be based on age, gender, culture, heritage, language, faith, sexual identity, relationship status, disability or other relevant characteristics.
- Staff provide services that are tailored to client needs considering a client's individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors.

Assessment		Notes
Significant	☐	
Good	☐	
Some	☐	
Minimal	☐	
None	☐	

What practices and processes are in place to meet this principle?

What practices and processes need to be improved or put in place to meet this principle?

Principle 5: Recognition of domestic and family violence as a pattern of abuse

Reflection prompts

To what extent does your evidence suggest that:

- The agency does not rely on an incident-based model of DFV risk assessment.
- Staff recognise the significance of patterns of behaviours beyond individual incidents of violence and are able to meaningfully identify and assess these patterns to develop appropriate responses for the victim-survivor and appropriate interventions for the PuV.
- Identification and assessment tools and practices acknowledge coercive control as domestic violence.
- Staff utilise the **CRASF Level 2** Tools to assist in the identification of patterns of abuse.
- Staff demonstrate an understanding of the behaviours that constitute domestic and family violence.
- Staff seek to understand the specific patterns of violence that have been perpetrated in the relationship, in order to develop a unique safety plan that supports the victim in responding to potential future incidents of violence.

Assessment		Notes
Significant	☐	
Good	☐	
Some	☐	
Minimal	☐	
None	☐	

What practices and processes are in place to meet this principle?

What practices and processes need to be improved or put in place to meet this principle?

Principle 6: Accounting for broader types of family violence

Reflection prompts

To what extent does your evidence suggest that:

- Staff, systems and process make considered language choices, including the use of gender-neutral language.
- Systems and processes allow for documentation of multiple persons using violence.
- There is recognition of the different types of relationships.

Assessment		Notes
Significant	☐	
Good	☐	
Some	☐	
Minimal	☐	
None	☐	

What practices and processes are in place to meet this principle?

What practices and processes need to be improved or put in place to meet this principle?

Principle 7: Adopting an integrated approach to risk assessment and management

Reflection prompts

To what extent does your evidence suggest that:

- Staff are supported to approach information sharing with other agencies in a collaborative way.
- Staff understand how and when they can share information.
- All staff are aware of the *information sharing guidelines.*
- There are policies and procedures in place to assist staff with information sharing.
- Staff work collaboratively with other agencies when completing risk assessments and safety management planning.
- The agency and staff are part of integrated working groups/committees/meetings.

Assessment		Notes
Significant	☐	
Good	☐	
Some	☐	
Minimal	☐	
None	☐	

What practices and processes are in place to meet this principle?

What practices and processes need to be improved or put in place to meet this principle?

PART 2C

Integration in practice – integration for practitioners

As a practitioner there are some ways of working that can increase collaboration and integration. No matter what agency you work for or the role you have, being DFV-informed in practice and continuing to develop skills and knowledge regarding DFV is key. Also knowing where you fit into the service system is important.

CRASF – Level 1

Level 1 responses are focused on ***prevention, identification, response, and referral.*** Level 1 responses include a shared responsibility across government, non-government organisations, and the community, to prevent DFV, identify where DFV may be occurring, and act appropriately to respond.

Those working in the Level 1 response space, are not expected to be DFV experts and are not qualified to undertake comprehensive risk assessments and safety planning. However, a victim-survivor or PuV may have their first point of contact with any Level 1 agency or service.

What level 1 practitioners can do is:

- Understand the common understanding of DFV and coercive control
- Understand how to use the Level 1 screening tool.
- Know your local agencies and referral points.
- Build your confidence in responding to DFV as early as possible.
- Refer to available online training resources, including videos and self-paced modules, on the CRASF level 1 tools These resources can be accessed through the *CRASF web page*.

CRASF – Level 2

Level 2 responses are aimed at ***managing and responding*** to DFV when it has been identified. This may include specialist and non-specialist services, government and non-government agencies and requires a strong understanding of DFV and DFV-informed responses. It involves identifying and assessing risk and undertaking safety management with holistic consideration for the needs of the victim-survivor, their children, and the PuV. It requires coordination of multi-faceted supports and information sharing as appropriate and in line with legislative provisions.

Practitioners in the Level 2 space have the expertise to work in this area. Working in an integrated way includes:

- Connecting and collaborating with other agencies and practitioners.
- Understanding information sharing, including when you can share information without consent.
- Working holistically – understanding the different parts of the system and how they can work together.
- Referring to available online training resources, including videos and self-paced modules, on the CRASF Level 2 tools and information sharing. These resources can be accessed through the *CRASF web page*.

CRASF – Level 3

Level 3 responses are ***multi-agency coordinated high risk response teams.*** Level 3 responses involve formalised, place-based, coordinated responses to address cases of high risk and high imminent risk. Staff identify and assess risk, undertake safety management and, through coordinated multi-agency responses, ensure that interventions and supports are put in place to the meet the needs of the victim-survivor, their children, and the PuV.

These are HRTs or localised multi-agency coordinated responses.

Appendix 1 DFV Integrated Service Systems Committee

Terms of Reference

Background

The integrated service system brings services together in a collaborative way under a common framework to better support people impacted by DFV and to hold persons using violence to account. Through an integrated approach, government and non-government agencies are supported to work together to quickly identify and respond to a person's needs. Collaborative information sharing prevents siloed decision making and supports holistic consideration of all necessary supports and interventions.

Agencies commit to a shared understanding, language, and approach to DFV prevention and response.

Agencies commit to working together to foster and promote accountability across service system responses, acknowledging that all elements of the service system have a role in preventing DFV and supporting persons using violence to change their attitudes, beliefs, and behaviours relating to DFV.

Integrated approaches require the following:

- All services across the service system taking a domestic and family violence informed approach.
- A common understanding of domestic and family violence.
- Collaboration between services and sectors.
- Formal and informal communication and partnerships.
- Strong leadership and a strong "authorising environment".
- Practices, partnerships, and decision-making processes that are shared by all partners.

Guiding principles

All elements of the integrated service system are underpinned by the Common Risk and Safety Framework and are based on the following key principles:

A shared understanding

A common understanding of, and response to, DFV is important to ensure consistency, enable effective communication between service systems, identify risk at its earliest occurrence, and support practitioners to respond quickly to prevent harm from occurring.

Domestic and family violence as a pattern of abuse

DFV rarely involves isolated incidents of physical violence. Rather, it follows a pattern of controlling and abusive behaviours aimed at establishing and maintaining power and control over another person. The integrated service system approach moves away from an incident-based model of risk assessment and response to identify patterns of controlling behaviour.

Supporting the self-determination of victim-survivors

The lived experience, dignity, and safety of victim-survivors is central to the integrated service system approach. Victim-survivors are empowered to identify and respond to abuse and are the experts in their own safety. Victim-survivors are engaged in a way which emphasises and validates their strengths, and which places the responsibility for the abuse entirely with the person using violence.

Culturally competent approaches

DFV impacts people in different ways. People from some communities experience multiple and intersecting forms of discrimination and disadvantage, making them more vulnerable to unique types of violence and barriers to reporting. Through the integrated service system, tailored and culturally appropriate approaches are adopted which consider these intersecting forms of oppression.

Meeting the unique needs of children and young people

Children and young people are victim-survivors in their own right and have unique needs. The level of risk faced by an adult victim-survivor and a child or young person are different and may vary from person to person. Parents or carers may choose not to disclose the full extent of DFV for a range of reasons, including parental shame and fear of statutory intervention. This can mean that the risks facing children and young people can be missed if considered only in the context of the parent's risk.

Account for broader types of violence

Domestic and family violence can be used by and towards people in a broad range of relationships and contexts. In recognition of the need to capture these broader forms of domestic and family violence, the Framework uses gender-neutral language, refers to those using violence as "persons using violence", and allows for the documentation of multiple persons using violence.

An integrated approach to risk assessment and management

Through an integrated approach to risk assessment and risk management, service systems are brought together in a collaborative way to better support people impacted by domestic and family violence, and to hold persons using violence to account. Collaborative information sharing breaks down the barriers that can prevent people from accessing the supports they need.

Strategic drivers

Delivering integrated service responses is one of the three foundational elements underpinning the *Domestic and Family Violence Prevention Strategy 2016–2026* (DFVP Strategy). Following the release of the *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* report in 2015, the integrated service response model was introduced, supporting a common approach to DFV prevention and response across government and non-government agencies and community groups.

An evaluation of the integrated service response model was undertaken in 2019. It found that integrated service responses were resulting in better information sharing (allowing for more informed decision-making), enhanced accountability, and increased awareness and monitoring of persons using violence. It also concluded that the model was in a state of 'emerging practice' and made a series of suggestions to consolidate, strengthen, and further embed the reforms.

As part of the Queensland Government's ongoing commitment to end DFV, the Women's Safety and Justice Taskforce (the Taskforce) was established to examine coercive control and the experiences of women across the criminal justice system. The Taskforce's first report, *Hear Her Voice – Report 1 – Addressing coercive control and domestic and family violence in Queensland*, identifies that robust integrated service responses are critical to preventing and effectively responding to DFV. The report calls for a conceptual shift whereby services across the spectrum of government and non-government human service agencies are recognised as essential parts of broader perpetrator intervention systems and work together to create a web of accountability.

The findings of recent Domestic and Family Violence Death Review and Advisory Board (DFVDRAB) Annual Reports and the Queensland Audit Office *Family Support and Child Protection System (Report 1: 2020–21)*, also prompt further action to enhance integrated service responses. The reports note that while progress has been made, cases of fragmented service delivery and inconsistent service responses continue to be seen at a systemic level.

Purpose

The [*title of committee*] is a decision-making body responsible for overseeing and strengthening the [*location*] DFV integrated service system. This involves:

- Clarifying the role of stakeholders across all elements of the integrated service system.
- Implementing the revised Common Risk and Safety Framework (Level 1, Level 2 and Level 3).
- Identifying gaps in services and finding local solutions.

Chair

Meetings will be Chaired by _____.

Membership

Representing agencies include:

Non-government agencies:_____

Government agencies:_____

Members are responsible for working collaboratively on activities outlined in the 'Purpose'. This includes representing the views of their agency, identifying opportunities for improved system responses, and committing their agency to lead or contribute to activities.

Members commit to working within their agencies to share information and learnings from the committee and to implement agreed actions.

Members are to contribute in a constructive way and are expected to have sufficient decision-making ability within their agency, as well as the relevant skills and knowledge to actively contribute to discussions from a domestic violence-informed perspective.

Meetings

Format and frequency

Meetings will be held on a bi-monthly basis and will run for [*XXX*] hours. Where possible, meetings will be held face to face at a place determined by the Chair. All reasonable efforts should be made to attend in person. Microsoft Teams access will be made available for members who are unable to attend in person.

Meetings will be conducted formally and will be minuted. Members are encouraged to circulate meeting minutes throughout their agencies as appropriate to aid information sharing and support consistent statewide integrated service systems.

Proxies

Consistent attendance at meetings is strongly encouraged. Where a member is unable to attend, they may nominate a proxy to attend on their behalf. The Chair should be notified in advance.

Proxies are expected to act with the full decision-making authority of the member they represent and must be appropriately briefed prior to the meeting. The nominated proxy shall provide relevant comments/feedback on behalf of the member they are representing.

Secretariat

Secretariat support for will be provided by the [agency]. The Secretariat will be responsible for the preparation and circulation of the meeting agenda and supporting papers, the minuting of meetings, and coordination of Workplan reporting.

The Secretariat will invite members to nominate agenda items prior to each meeting. The agenda and papers are to be distributed to members at least two business days prior to each meeting.

Confidentiality

Matters discussed at meetings are to be treated confidentially. Materials circulated to members are not to be provided to external parties without prior agreement of the Chair and agency/service representatives.

Governance

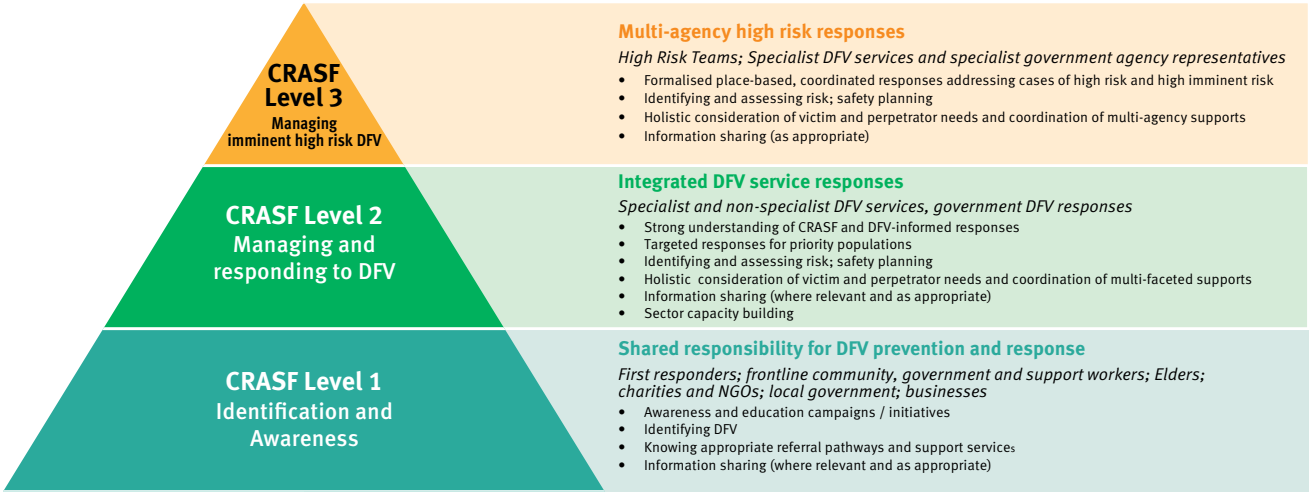
The DFV Integrated Service Systems Oversight Committee (ISSOC) is a decision-making body responsible for overseeing and strengthening Queensland's DFV integrated service system. Systemic integrated service system issues identified at the local level are to be escalated to the ISSOC Chair or Secretariat via the local Integration Manager/ or agencies.

Refer to **Appendix 2.**

Review

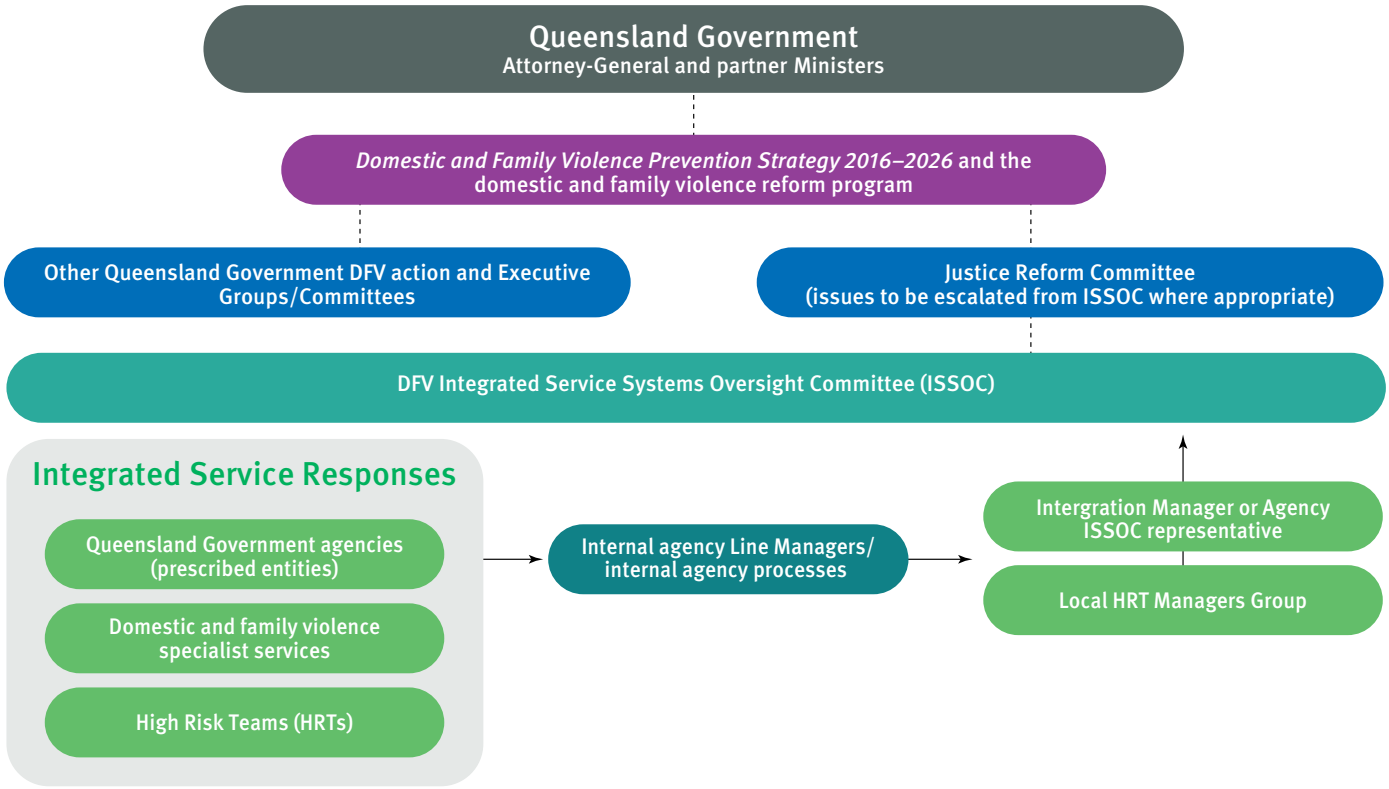
A formal review of membership, Terms of Reference, and Work Plan will occur every 12 months, or at the discretion of the Chair.

Terms of reference Appendix 1



Terms of reference Appendix 2

Integrated Service Systems Governance Framework



Appendix 2 Establishing a multi-agency high risk response

When considering establishing a multi-agency high risk response or team, there are some key areas to consider.

Why is it needed?

The first question should be how this approach is going to provide more effective responses, outside of business as usual. Services manage high risk cases of DFV on a daily basis. Referrals are triaged, work occurs across agencies to reduce risk and manage safety. There needs to be a clear purpose for the approach and key aims all agencies agree to.

A formalised multi-agency high risk response model **should not replace business as usual responses**.

What should agencies use to guide this work?

Agencies should use the Common Risk and Safety Framework (CRASF). The CRASF provides all of the risk assessment and safety management tools required including multi-agency responses through the Level 3 tools. All agencies should complete the CRASF training modules at a minimum, including the Level 3 module.

Are agencies resourced to provide this?

The next consideration is resourcing. The administrative work attached to formalised responses can be large. Some DFV specialist services receive specific funding to support integrated service responses in their local area. This may assist in their involvement in a formalised response. For others, that may not be possible. Other agencies may be stretched in regard to capacity. All of these factors need to be considered in developing the approach. A multi-agency high risk response can be modelled on and similar to a funded High Risk Team model, however it should be clear to all stakeholders that resourcing will look different and consideration needs to be given to this.

Who should lead the responses?

Connected to resourcing is consideration to which agency will lead and coordinate the group. It is essential to have a DFV specialist agency as part of the response and ideally should take the lead. However, this may not always be possible. Multi-agency approaches to high risk DFV **should not be** established without the DFV specialist service.

Oversight of a multi-agency response will be required to ensure all agencies are accountable and actively involved in the approach. A governance group should be established with a clear ToR. Memorandum of Understandings should be developed between services.

How should information be stored?

How information is shared and stored must also be considered. Some already established multi-agency groups use online data management systems. This would require all agencies being comfortable and agreeable with this approach.

Any multi-agency response should have a clear operating protocol or guide. A basic template for an operating protocol is provided. This can be adapted for use but should be considered a minimum requirement.

Multi-agency high risk response – operating protocol template

This operating protocol template provides minimum, best practice guidelines for establishing and operating a multi-agency high risk response team.

Intended aim and outcomes

When completing this section, please consider the following points:

- What is the purpose and vision for the approach?
- Are the intended aims and outcomes agreed by all members?
- How will this approach provide more effective responses, outside of business-as-usual responsibilities?

Strategic links

This section will focus on the strategic drivers required for a successful, multi-agency high risk response.

It is important for strategic links to be clearly outlined, to ensure all members have a solid foundational understanding of the requirements when responding to DFV.

Common Risk and Safety Framework

All members of the multi-agency high risk response team are required to have a solid understanding of the Common Risk and Safety Framework (CRASF) and its application.

Comprehensive training and resources are provided through the Department of Justice and Attorney-General. For more information, please head to the following web page *www.justice.qld.gov.au/dfvcommonrisksafetyframework*.

Please also consider the following points:

- Are members DFV-informed?
- Are all agencies involved in the response using the CRASF?
- In which level of the CRASF is each agency located? E.g., Level 1, 2 or 3?
- Who is responsible for familiarising new staff with the CRASF through induction processes?

Information Sharing Guidelines

Multi-agency response teams are required to operate within legislative provisions enabled by the *Domestic and Family Violence Protection Act 2012* (DFVP Act), specifically Part 5A.

The Information Sharing Guidelines (Guidelines) are intended to support practitioners and others to share information appropriately to assess and manage domestic and family violence risk.

The Guidelines aim to provide practical guidance on the interpretation and application of the information sharing provisions to promote consistent responses that help to keep the victim-survivor safe and hold the person using violence to account. The Guidelines also guide the correct storage and use of information shared when assessing or managing DFV risk.

It is important all members are familiar with the information sharing provisions, specifically in relation to Part 5A of the DFVP Act.

Other

Multi-agency high risk response teams are also required to adhere to the *Queensland Human Rights Act 2019*, the *Victims of Crime Assistance Act 2009* (Schedule 1AA) and the Charter of Victims' Rights in all their dealings.

All members are required to commit to the Code of Conduct (refer to **HRT Statewide Guidelines**). This should be signed upon commencement with the response team and a record kept by the coordinator.

Roles and responsibilities of agencies

Prior to establishing the multi-agency high risk response, it should be determined which agency will lead and coordinate the multi-agency response team. A DFV specialist service must be part of the multi-agency high risk response.

The roles and responsibilities of all members should be clearly outlined, including:

- Core members.
- Sub-core members.
- Associate members.
- Core associate members.
- Proxies.

Consideration should also be given to who will complete the additional administrative work, in addition to business-as-usual responsibilities.

The following factors should be considered before establishing the response team:

- Is the lead coordinator funded or unfunded, for integrated service responses?
  - If not, how will costs be managed?
- Do all agencies involved have capacity to take on the extra workload?
- Do agencies understand the CRASF and information sharing provisions, or is additional training required?

Referrals

It is important that all members are clear about the referral process when referring cases to the multi-agency high risk response. This includes consideration of the following points:

- How will referrals be made to the high risk response meetings?
- What criteria will be used for referral to the meeting?
- What is the process for urgent referrals or to decline referrals?
- How is the victim-survivor's informed consent sought and managed?

Governance and oversight

Oversight of a multi-agency response is required to ensure all agencies are accountable and actively involved in the confirmed approach.

Terms of Reference (ToR)

When establishing a multi-agency response team, it is crucial the group is overseen by a local Managers Group, whose role is to monitor and support the operational and practice aspects of the multi-agency response and guide the prioritisation and escalation of local issues.

Managers Groups should meet quarterly at a minimum and all members should have a strong understanding of the multi-agency response and operational issues.

A ToR must be established, endorsed, and signed off by all members of the Managers Group. Please refer to Appendix 1 for the ToR template.

Memorandum of Understanding (MoU)

As noted earlier, Part 5A of the DFVP Act allows for confidential information to be shared between government and non-government organisations, in certain circumstances.

An MoU defines the responsibilities, respective obligations of parties and the working arrangements of interagency cooperation and communication.

An MoU must be established, endorsed, and signed off by all relevant agencies involved in the multi-agency response team.

Meeting operations

Prior to establishing the multi-agency high risk response, all agencies must consider and endorse the following:

- Meeting frequency and sitting dates.
- Chairing responsibilities.
- Record taking.
- Attendance (including proxies and non-core members).
- Confidentiality.
- Meeting process.
- Conflicts of Interest.

Data and record keeping

Consider how information will be shared and stored. Some already established multi-agency groups use online data management systems, however all agencies must endorse this approach.

It is also important to think about:

- Which members have access to the database?
- How and when can information from core members be on-shared within their agency?
- Consider drafting a disclaimer for this instance.

Each agency is responsible for storing records in line with their own Agencies' policies and procedures.

If multi-agency response team members have queries or concerns regarding information sharing provisions, the DFV Information Sharing Guidelines should be consulted in the first instance.

Appendix 3 Template for localised action plan

Purpose

The Domestic and Family Violence Integrated Service Systems Action Plan (the Action Plan) sets a multi-agency program of work for strengthening integrated service responses to better meet the needs of people impacted by domestic and family violence (DFV). The Action Plan builds on work previously undertaken to embed integrated service systems, and guides agency action on emerging issues and priorities. Actions have been informed by findings from key inquiries, evaluations, and reviews. The Action Plan will remain a living document and will be regularly updated to reflect progress, issues, and learnings relating to integrated service responses.

Strategic intent

Agencies commit to a shared understanding, language, and approach to DFV prevention and response.

Agencies commit to working together to foster and promote accountability across service system responses, acknowledging that all elements of the service system have a role in preventing DFV and supporting persons using violence to change their attitudes, beliefs, and behaviours relating to DFV.

The integrated service system brings services together in a collaborative way under a common framework to better support people impacted by DFV and to hold persons using violence to account. Through an integrated approach, government and non-government agencies are supported to work together to quickly identify and respond to a person's needs. Collaborative information sharing prevents siloed decision making and supports holistic consideration of all necessary supports and interventions. All elements of the integrated service system are underpinned by the CRASF and are based on the following key principles:

- **A shared understanding**

  A common understanding of, and response to, DFV is important to ensure consistency, enable effective communication between service systems, identify risk at its earliest occurrence, and support practitioners to respond quickly to prevent harm from occurring.

- **DFV as a pattern of abuse**

  DFV rarely involves isolated incidents of physical violence. Rather, it follows a pattern of controlling and abusive behaviours aimed at establishing and maintaining power and control over another person. The integrated service system approach moves away from an incident-based model of risk assessment and response to identify patterns of controlling behaviour.

- **Empowering victim-survivors**

  The lived experience, dignity, and safety of victim-survivors is central to the integrated service system approach. Victim-survivors are empowered to identify and respond to abuse and are the experts in their own safety. Victim-survivors are engaged in a way which emphasises and validates their strengths, and which places the responsibility for the abuse entirely with the person using violence.

- **Culturally competent approaches**

  DFV impacts people in different ways. People from some communities experience multiple and intersecting forms of discrimination and disadvantage, making them more vulnerable to unique types of violence and barriers to reporting. Through the integrated service system, tailored and culturally appropriate approaches are adopted which consider these intersecting forms of oppression.

- **Meeting the unique needs of children and young people**

  Children and young people are victim-survivors in their own right and have unique needs. The level of risk faced by an adult victim-survivor and a child or young person are different and may vary from person to person. Parents or carers may choose not to disclose the full extent of DFV for a range of reasons, including parental shame and fear of statutory intervention. This can mean that the risks facing children and young people can be missed if considered only in the context of the parent's risk.

There are multiple and compounding complexities surrounding the use of violence by adolescents (including intimate partner violence and adolescent to parent violence). These issues cannot be conflated with those of adult perpetrators of violence. The unique needs of young people must be addressed as distinct to those of children and adults.

Strategic drivers

Delivering integrated service responses is one of the three foundational elements underpinning the *Domestic and Family Violence Prevention Strategy 2016–2026* (DFVP Strategy). Following the release of the *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland report* in 2015, the integrated service response model was introduced, supporting a common approach to DFV prevention and response across government and non-government agencies and community groups.

Women's Safety and Justice Taskforce	As part of the Queensland Government's ongoing commitment to end DFV, the Women's Safety and Justice Taskforce (the Taskforce) was established to examine coercive control and the experiences of women across the criminal justice system. The Taskforce's first report, *Hear Her Voice – Report 1* – Addressing coercive control and domestic and family violence in Queensland, identifies that robust integrated service responses are critical to preventing and effectively responding to DFV. The report calls for a conceptual shift whereby services across the spectrum of government and non-government human service agencies are recognised as essential parts of broader perpetrator intervention systems and work together to create a web of accountability.
Domestic and Family Violence Death Review and Advisory Board	The findings of recent Domestic and Family Violence Death Review and Advisory Board (DFVDRAB) Annual Reports prompt further action to enhance integrated service responses. The reports note that while progress has been made, cases of fragmented service delivery and inconsistent service responses continue to be seen at a systemic level. The DFVDRAB advises that a key focus for its investigations in 2021–22 will be on homicides that have occurred in an area where a High Risk Team or integrated service response is operating and the victim or person using violence was known to participating representatives or the team.
Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence	*Queensland's Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence* commits to a new way of working with Aboriginal and Torres Strait Islander people in the spirit of reconciliation to address the causes, prevalence and impacts of DFV. It acknowledges the strengths within Aboriginal and Torres Strait Islander communities to address DFV and supports Aboriginal and Torres Strait Islander people to determine what, when and how services and responses are needed in their communities. The Framework for Action recognises the need for strength-based, locally led, culturally informed and healing approaches.
Queensland Audit Office review into Domestic and Family Violence in Queensland	The Queensland Audit Office is examining how effectively public sector entities keep people safe from DFV and how effectively they rehabilitate perpetrators to reduce the re-occurrence of violence. The report identified a need for better oversight of DFV services and more coordination and information sharing to bring about lasting change.

Review of the Third Action Plan of the Domestic and Family Violence Prevention Strategy 2019–20 to 2021–22	The *Third Action Plan of the Domestic and Family Violence Prevention Strategy 2019–20 to 2021–22* (the Third Action Plan) builds on earlier achievements to establish an integrated service response system to deliver the services and support that victim-survivors and persons using violence need, when they need them. Under the Third Action Plan, the role of High Risk Teams has been strengthened and a review of the CRASF has been undertaken. The Third Action Plan is currently being evaluated by Deloitte Access Economics and outcomes of the evaluation will be used to inform the development of the Fourth Action Plan and guide further integrated service system improvements.

Plan implementation and monitoring

Implementation

The Domestic and Family Violence Integrated Service System [name of committee] is responsible for overseeing this Action Plan.

The Action Plan provides a high level outline of priority actions for local delivery. While key activities are listed beneath each action, the Action Plan is not a comprehensive record of all steps that must be taken. It may be necessary to further unpack actions and develop more detailed project/implementation plans.

Each action is assigned a lead and supporting agencies. However, all agencies will have a role to play in progressing and implementing actions. The lead agency will be responsible for managing implementation and working directly with supporting agencies to coordinate input.

Continuous improvement

The Action Plan identifies a series of priority actions requiring immediate implementation. It is intended the Action Plan will be routinely reviewed to ensure agency efforts remain focused on identified areas of need. The release of relevant reviews and inquiries will inform ongoing priorities and, where appropriate, the Action Plan will be updated to reflect and incorporate whole of government commitments, such as the Fourth Action Plan of the Domestic and Family Violence Prevention Strategy.

EXAMPLE OF ACTION (for localised integrated service system action plan)

Action 1: Implementing the revised Common Risk and Safety Framework

Description: (what is the aim of the action)

EXAMPLE – Implement the revised Common Risk and Safety Framework (CRASF) across all elements of the domestic and family violence integrated service system to strengthen the whole of system approach to risk assessment and safety planning.

Timeframes:

(Identify time frame – have clear achievable times)

Key activities

- (Outline key steps and activities to achieve the action)
- EXAMPLE All agencies to complete audit tool
- Identify staff who require training – complete online modules

Lead agency:

(Who will be lead agency)

Supporting agencies:

(Who will support)

Stakeholders

(Who is this action targeting)

Measure of success:

By the completion date: The CRASF is used broadly by a range of stakeholders in various settings across the DFV Integrated Service System. Agencies' relevant internal policies and processes reflect and align with the principles and intent of the CRASF.

Long-term vision: The CRASF underpins all responses to DFV, delivering streamlined, consistent approaches, supporting inter-agency approaches and collaboration across and within service systems.

The Domestic and Family Violence Integrated Service System

Statewide Guide

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