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

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

All agencies participating in the integrated response follow a common approach to working with victims and perpetrators that aims to:
- improve the safety and wellbeing of victims and their children
- reduce risks posed by perpetrators
- ensure strong justice system responses for perpetrators.

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

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

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

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

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

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

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

What were the key findings?
The evaluation identified many benefits, strengths, and indicators of progress. These included:

- an overwhelming focus in both processes and responses on improving victim safety across all three sites
- faster and more targeted service responses for victims and perpetrators referred to high risk teams
- more ‘eyes’ on perpetrators
- improved information sharing between agencies, especially about victims and perpetrators referred to high risk teams, leading to more informed decision making about actions to be taken by individual services
- large government agencies placing a greater focus on identifying and responding to domestic and family violence
- stronger relationships between participating service providers, especially government and non-government agencies
- improved understandings about the differing roles of agencies when identifying and responding to domestic and family violence
- enhanced agency accountability around the services and supports provided by agencies.

Overall, the evaluation found the trial has produced evidence of improvements in service integration.
What were some of the identified challenges?
The evaluation identified the following challenges across the trial locations:

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

What are the key suggestions for further strengthening the model?

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

Conclusion

The integrated service response and high risk team model is in a state of ‘emerging practice’. Initial indicators of progress are promising but more needs to be done to consolidate and embed these reforms. Evaluation learnings and strategies for strengthening the model will be considered to further improve service provision and responses to domestic and family violence in Queensland, supporting safer outcomes for victims and their children and holding perpetrators to account.