



# Domestic and Family Violence Reforms


## **In Focus:**

Integrated Service  
Responses



## Domestic and Family Violence Integrated Service Response



- The Special Taskforce recommended that Government develop, trial and evaluate integrated service response models
  - **Recommendations 9, 74, 75, 76, 77, 78, 79 and 83 & 9:** covers the 3 Trial locations, evaluation, Common Risk Assessment and Safety Framework, high risk teams, information sharing legislative changes and guidelines, and co-design of tools.
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# What are Integrated Service Responses to DFV?

- A continuum of integrated service delivery
  - Networks through to co-location of services
- A shared set of principles including:
  - Safety of women and children paramount
  - Perpetrators held to account and kept 'in view'
  - Shared language of risk
  - Active leadership and robust governance



# Key features of integrated responses

- Clear referral pathways and processes
- A common risk assessment framework and tools
- A multi-agency high risk response
- Information sharing enabled
- Participation of a range of government and non-government agencies, community groups, etc.



# What will an integrated response look like in Queensland?

- In the Queensland integrated response, service providers will work together to:
  - Share information about the victim, perpetrator and children in accordance with relevant legislation
  - Develop collaborative safety interventions for victims and their children
  - Reduce secondary victimisation
  - Hold perpetrators to account and provide opportunities for them to change their behaviour



# Purpose of HRTs

- High Risk Teams are central to integrated responses to DFV.
- The primary aims of HRTs are to:
  - increase the safety of victims and their children assessed as being at high risk
  - manage the high risk posed by perpetrators and increase the accountability of perpetrators
  - Provide a forum for appropriate information sharing, comprehensive risk assessment and informed safety planning; swift and flexible actions.
  - increase agency accountability and deliver coordinated, consistent and timely responses to prevent serious harm or death.



## Who was funded to be on the HRT?

- Queensland Police Service (QPS)
- DJAG – Corrections, Youth Justice, Courts
- DCCSDS – Child Safety
- Dept of Housing and Public Works
- Lead Case Manager - DFV Specialist Service
- Queensland Health (Note: not funded)



# Funding

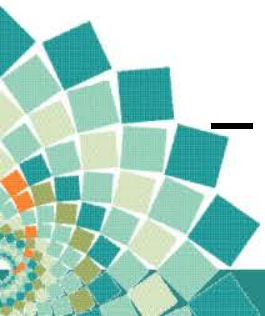
- In the 2016-17 State Budget \$26.3 million over four years allocated for eight specialist High Risk Teams (HRT) to prioritise victims and their safety.
- 2016–17- the Trial in Logan-Beenleigh, Mount Isa and Cherbourg
- 2017-18 - Cairns/Mossman, Brisbane, Ipswich
- 2018-19 - Mackay/Whitsunday and Moreton Bay
- Other locations are progressing with integration and coordinated case management/HRT models





# Development and implementation of the Trials

- Co-design of place-based model
  - Integration manager and dedicated positions to support service system and the HRT
  - procurement and other key initiatives
  - Local and state governance
- Co-design of common components
  - Aust's National Research Organisation for Women's Safety (ANROWS)
  - Evidence base and workshops



# Development and implementation of the trials

- Training plan
- Implementation
  - ISR, HRT, common tools, info. sharing guidelines, enabling legislation
- Technology support – client management
- Evaluation
  - Centre for Domestic and Family Violence Research (CDFVR)



# Integrated Service Response Team (for DFVR)

## Integrated Response Trials

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