



Integrated Service Responses:

*A measurement tool
for communities*



Integrated responses to domestic and family violence

Historically, service ‘silos’ have arisen in relation to... systems and support structures, with agencies developing separate goals, procedures and understandings of the issues and problems to be addressed by them. These silos have been the source of many barriers preventing services and agencies from meeting their intended outcomes, and together have created complex and inaccessible pathways for victims to navigate...

“““ In response to the problems of ‘agency siloing’, over the past few decades, the domestic violence sector has developed strategies for ‘joining-up’ some of the services which victims of violence will encounter in order to obtain safety and protection... (Wilcox, 2010, pp. 1013-1014).

In domestic and family violence cases assessed at high risk, in particular, such integrated or multi-agency responses have emerged as an integral aspect of risk assessment and risk management. However, there has been growing recognition that, in order to be effective, approaches to enhancing safety should have a combination of what is known to be *good practice* with *locally-designed approaches* responsive and tailored to each community’s circumstances and resources.

Integrated responses: benefits and challenges

A meta-evaluation conducted by ANROWS (Breckenridge, Rees, valentine, & Murray., 2015; Breckenridge, Rees, valentine, & Murray, 2016) identified the principles and benefits of integrated responses. These are

- a focus on enhancing victim’s safety (emotional, psychological and physical) either in the short or longer term, or both
- minimising secondary victimisation (e.g. by avoiding women having to recount their stories to multiple services)
- ensuring perpetrators are held to account for their behaviours
- a broader range of services may be offered beyond the initial crisis phase
- improvement of the professional knowledge base and service-provider relationships
- enabling of responsive and timely decision-making
- increased cross-program or agency collaboration on case management and
- provision of multiple entry points for clients to access support (Breckenridge et al., 2016).

This review also revealed implementation challenges with integrated responses, including:

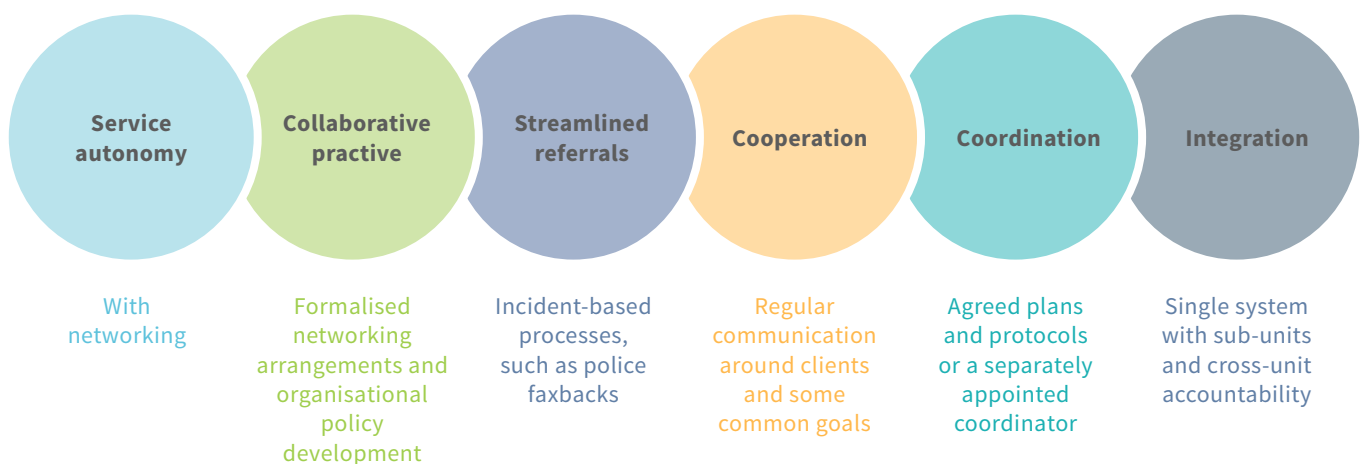
- power imbalances between agencies
- lack of common ground between perspectives and disciplines
- individual (client) perceptions of cross-agency control
- communication problems between and across services, causing frustration for clients and staff
- resource limitations which compromise sustainability and
- loss of specialisation and tailored responses (e.g. which acknowledge race, sexuality, disability, socio-economic background, geographic location) (Breckenridge et al., 2015 and 2016).

Continuum of integrated service delivery

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 sub-unit services” (Healey, Humphreys & Wilcox, 2013, p. 2).

“““ Descriptors such as ‘interagency’, ‘multi-agency’, ‘cooperative’, ‘collaborative’, ‘integrated’ or ‘coordinated’ are often used arbitrarily... Yet in practice, models can be distinguished in relation to the extent to which they sacrifice organisational autonomy for case-focussed unity. This has led some commentators to develop means of differentiating levels of integration, usually within a spectrum which scales levels of engagement across agencies (Wilcox, 2010, pp. 1019).

This diagram demonstrates the spectrum of integration:



Queensland Centre for Domestic and Family Violence Research

The Queensland Centre for Domestic and Family Violence Research (the Centre) has been working on projects and with organisations undertaking integrated approaches over several years.

The Centre has been particularly interested in how local efforts can be supported to self-assess the status and development of their responses.

Healey et al. (2013) have developed a *Regional Governance Continuum Matrix of Practice* for domestic and family violence-sexual assault partnerships which proposes eight indicators of successful integration.

Assessing the extent to which partnerships are meeting these indicators can be helpful in building regional, or more localised “integrated governance” structures for domestic and family violence and sexual assault services. The indicators are:

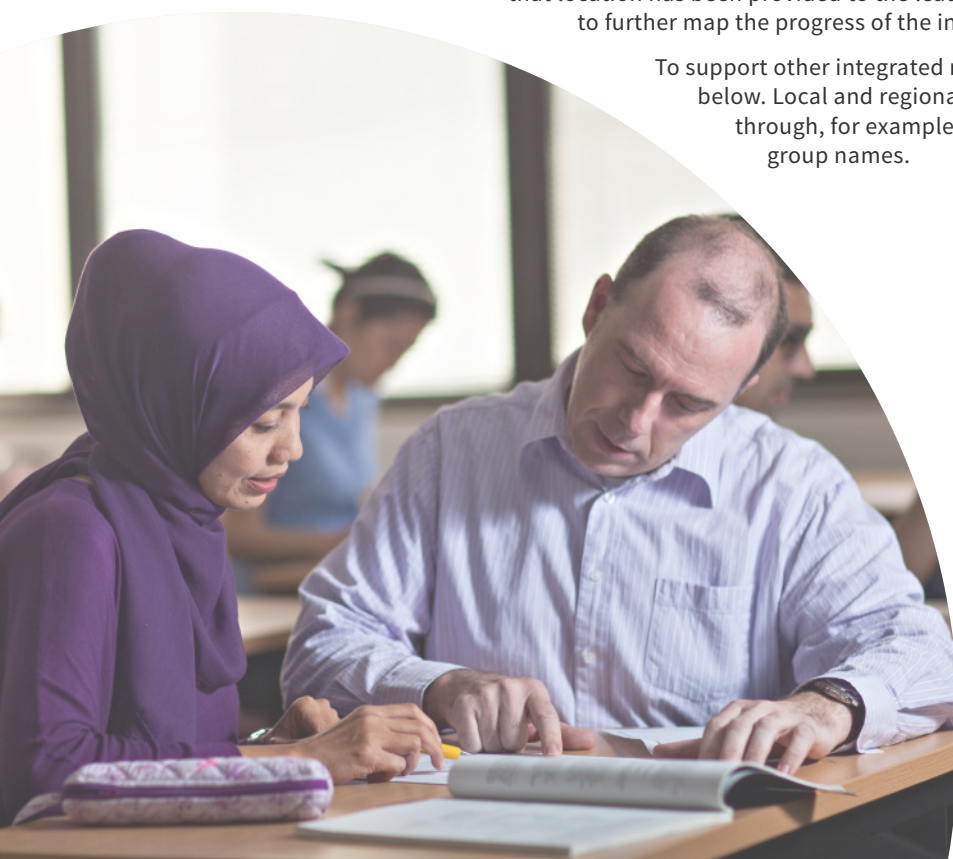
1. Developing an Integrated Family Violence-Sexual Assault Service System
2. Strengthening Community Partnerships
3. Clarifying Committee Function and Diversifying Representation on Committee
4. Developing Family Violence- Sexual Assault Service Pathways
5. Regularising Joint Review and Planning
6. Supporting Risk Assessment and Risk Management
7. Developing Professional Practice Across the System
8. Supporting Evaluation and Research

Despite the Victorian context in which the tool was designed, the authors argue these indicators “represent elements that are transferrable to other states and territories in Australia” (Healey et al., 2013, p. 6). Furthermore, although it was developed with a specific focus on partnerships with the sexual assault sector, the instrument is of value in the development of multi-agency partnerships focused on domestic and family violence.

The matrix tool is intended to guide professionals, individual agencies, and the multi-agency committees in which they work to develop effective partnerships; monitor progress of integrated governance processes; and to provide indicators of success framed specifically around system accountability.

In work with the Rockhampton Integrated Service Response (early 2019), the Centre used the eight indicators to provide a ‘snap shot’ of the response. Some text was adapted to fit the local responses and the survey was conducted using an online platform. Stakeholders in that location saw the survey and indicators useful, practical and relevant and the survey findings will enhance the progress of that community’s response. The survey instrument and tool adapted for that location has been provided to the lead specialist agency to utilise in the coming months to further map the progress of the integrated response.

To support other integrated responses the survey questions are provided below. Local and regional sites are encouraged to tailor their survey through, for example, the inclusion of their unique localities and group names.



The Draft Survey - We value your opinion!

We invite you to participate in a simple survey which looks at eight practice indicators of integrated domestic and family violence service systems (adapted from Healey, Humphreys & Wilcox 2013). The survey has been used in other states, and trialled in regional Queensland with success. It can provide a 'snap shot' of how an integrated response is functioning at a given point in time, or to help understand how integrated responses develop across time.

Your responses will remain entirely confidential and all survey responses will be collated, so you will not be identified.

There are no "right" or "wrong" answers- this survey is about your opinion and your honesty will contribute to helping sustain an integrated service response to domestic and family violence in your community.

We anticipate the survey will take approximately 10 minutes to complete. This survey will close on the ??

1. Please select your agency type:

- Queensland Government
 - Non government organisation
 - Other, please specify
-

2. Insert name of domestic violence integrated response has a number of groups. Please select the group/s in which you're involved:

- Steering Committee
 - Governance Group
 - Operational Group
 - Network Group
 - Other, please specify
-

3. How long have you been actively involved with this/these group/s?

- More than 5 years
 - 2-5 years
 - 1-2 years
 - Under 1 year
 - Other, please specify
-

4. Please select the group/s which statement best describes your participation at this/these meeting/s/:

- Usually I attend meetings at least once a week.
 - Usually I attend meetings at least once a month.
 - On average, across a year, I attend four meetings.
 - Other, please specify
-

5. Defining domestic and family violence: Which statement best describes your experience/understanding of this integrated service system? (Select one):

It's not in place. There is no shared understanding of DFV and conflict over gendered definition; there is no inclusion of different types of abuse and diversity of experience.

It's minimal. There is acknowledgement of children in the definition and we have common understanding of gendered nature of DFV.

It's progressing. There is acknowledgement of diverse experiences and particular risks of violence (e.g. women with disabilities, Aboriginal women, LGBTI and CALD women, rural women).

It's fully developed. We have a shared understanding of DFV that is inclusive of all forms and acknowledges diversity of experience.

I'm not sure.
Comments:

6. Aims and planning: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is no shared aim and planning for intervening at either strategic or operational level across agencies.

It's minimal. Specialist women's, children's and men's service share the aims for and development of a DFV plan for the region.

It's progressing. There is the shared aim of achieving safety of women and children, accountability of men using violence, and accountability of service responsiveness.

It's fully developed. Legal and statutory services and specialist services and sexual assault services plan for the region.

I'm not sure.
Comments:

7. Survivor voices: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is little attention given to the voices and needs of women and children survivors within and across programs.

It's minimal. Programs (including perpetrator programs) prioritise survivor views of 'success'.

It's progressing. Survivor voices are represented within regional forums and provide direction for whole-of-system/community improvements.

It's fully developed. Women's and children's voices and needs are routinely prioritised in regular monitoring and evaluation processes across the service system.

I'm not sure.

Comments:

8. Linkages: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There are no partnerships in place at regional level.

It's minimal. Specialist DFV services and police initiate cooperative strategies to improve safety and accountability at regional level.

It's progressing. Information-sharing, referrals, prevention and intervention strategies, are developed across all key players in an integrated system. There are some inconsistencies in operationalisation of linkages across all key stakeholders (e.g. police may consistently pursue appropriate referral, civil and/or criminal options but courts are inconsistent in prosecuting breaches).

It's fully developed. Partnerships are in place for all key stakeholders including links with services/networks working with priority populations. Partnership agencies share administrative processes efficiently and transparently supported by Memoranda of Understanding for multi-agency partnerships.

I'm not sure.

Comments:

9. Committee support: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is voluntary participation on

insert names of group/s committee/s

It's minimal. The Integration Coordinator supports

insert names of group/s committee/s and partnerships

It's progressing. Resourcing for the

insert names of group/s committee/s

is ongoing rather than short-term.

It's fully developed. A paid secretariat supports the work of

insert names of group/s committee/s

I'm not sure.

Comments:

10. Members' roles and responsibilities: Which statement best describes your experience/ understanding of this integrated service system? (Select one)

It's not in place. Roles and responsibilities are unclear; members do not bring relevant information to

insert names of group/s committee/s

and do not disseminate information to their agency.

It's minimal. There is clarity about roles and responsibilities of key positions (e.g. Chairs, Integration Coordinator).

It's progressing. There is clarity of member roles and responsibilities e.g. via development of Terms of Reference.

It's fully developed. There is clarity of: roles and responsibilities, committee processes, budget accountability; information disseminated properly.

I'm not sure.

Comments:

11. Decision-making and authority: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There are no consistent, agreed means of making decisions; decisions and actions in one agency have unintended consequences in another agency or part of the service system.

It's minimal. Members do not have decision-making authority with which to make decisions on behalf of their agency within the committee; there is no process for handling conflict of interest.

It's progressing. Members have the authority and requisite knowledge and influence to make decisions on behalf of their agency within the committee.

It's fully developed. Decision-making processes are informed, transparent and consistently applied.

I'm not sure.

Comments:

12. Agency representation: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. Core services from the DFV service system are not routinely represented within the

insert names of group/s committee/s

It's minimal. There is development of partnerships between police and DFV agencies but some core justice and statutory agencies are still unrepresented.

It's progressing. There is reciprocal engagement between other services/DFV groups. Diversity is evident in representation.

It's fully developed. There is permanent representation of the requisite statutory, justice and human services bodies on the

insert names of group/s committee/s

with other services co-opted to it as are deemed necessary.

I'm not sure.

Comments:

13. Referral pathways: extent and strength: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There are minimal referrals across the service system and referrals are weakened by a lack of agreement on risk assessment and risk management.

It's minimal. Referrals are underway in some parts of the system but non-existent elsewhere. Referrals between key agencies are inconsistent e.g. referrals between police men's and women's services; children's pathway is unclear.

It's progressing. There are clear referral pathways, including for high risk clients exist, and development of clear risk assessment and risk management protocols for referral pathways.

It's fully developed. Active referrals across the DFV service system exist for all clients and at all levels of risk. Referral pathways are based on agreed risk assessment and risk management embedded in practice.

I'm not sure.

Comments:

14. Client tracking: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is no shared common aim and understanding of the need to track clients through the service system and no shared understanding of information sharing.

It's minimal. Technical and/or ethical barriers prevent the tracking of clients across and through the service system.

It's progressing. Agencies share information and engage

in tracking clients through the service system and provide feedback to each other on outcomes.

It's fully developed. There are policies developed in order to overcome the technical and ethical barriers to sharing client information; tracking service users through the service system is used for long term planning.

I'm not sure.

Comments:

15. Supporting diversity: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is minimal or no access to services for key population groups; diversity of population poorly reflected across the system's employment profile.

It's minimal. Referral development for one service group (e.g. women with disabilities at regional level) is beginning.

It's progressing. Specialist agencies are accessible and respond to clients from specific population groups (e.g. Aboriginal agencies are resourced to provide DFV services).

It's fully developed. Strong referral pathways support and are accessible to diverse population groups; diversity is reflected in the employment profile.

I'm not sure.

Comments:

16. Secondary consultation, collaboration, and co-case management: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is minimal or no secondary consultation, collaboration, and co-case management; no resources for specialist secondary consultation.

It's minimal. In some areas (e.g. children's and women's services) co-case management is developing.

It's progressing. Mechanisms for secondary consultation are progressing and recognised as an alternative to referral.

It's fully developed. There are well-developed mechanisms and clarity about thresholds for secondary consultation, co-case management and collaboration between services and sectors; secondary consultation is resourced as part of the service system.

I'm not sure.

Comments:

17. Data collection, analysis and monitoring: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. Data collection is designed for administrative purposes only; no trend data available for joint planning purposes.

It's minimal. Some agencies are beginning to share data on client referral numbers; trend data from at least one partner agency (e.g. police in a region) is available for planning.

It's progressing. Data collection informs, guides and improves professional practice and planning; data analysis and monitoring within and across agencies is supported by training and supervision.

It's fully developed. Coordinated data collection provides the foundations for regional planning; data is disaggregated in meaningful ways; data is shared in ways that are systematic, timely and meaningful.

I'm not sure.

Comments:

18. Joint strategic planning: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is no joint planning and development of a DFV action plan at a regional or sub-regional level either operationally or strategically and no linkage to other planning processes (e.g. justice forums, family services, early years' catchment planning, Indigenous Regional Action Groups).

It's minimal. There is minimal alignment between regional, state and national strategic plans to prevent and respond to DFV.

It's progressing. Joint strategic planning occurs but not all key stakeholders are involved (eg. human service agencies are involved but no justice agencies such as community legal, legal aid, courts or corrections); reporting back from each region to state level occurs.

It's fully developed. There is regular, joint, data-informed strategic planning involving all key stakeholders which informs the development of DFV initiatives and priorities across the region and includes linkage to other planning processes; planning documents available on public (sub) regional committee website.

I'm not sure.

Comments:

19. Annual review should cover the work of (sub)regional committees and multiagency networks: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. Annual reviews only occur internally within agencies.

It's minimal. Occasional joint reviews of local multiagency networks occur but mechanisms to support a process for reviewing the efficacy of DFV responses across the region are limited.

It's progressing. Multi-agency committees instigate regular joint reviews of their work.

It's fully developed. There is annual joint review of the work of the (sub)regional committees; and data is available in a timely way to support the multiagency annual review.

I'm not sure.

Comments:

20. Risk assessment and risk management: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. Client screening and safety planning is fragmented; there is no differentiated response according to risk and no development of a high risk response; risk assessment for women and risk assessment for children is not aligned.

It's minimal. Protocols which specify risk assessment and risk management within the regional response to DFV have developed.

It's progressing. Contentious issues which create barriers to shared risk assessment and risk management (eg. relating to confidentiality, permission and agreement from women) are resolved.

It's fully developed. A consistent statewide, model for assessing risk and managing different risk levels is in place; regional risk assessment-risk management align with the statewide model; risk assessments for women and children are aligned; there is ongoing training in risk assessment and risk management.

I'm not sure.

Comments:

21. System and process in place to instigate appropriate multiagency response to risk: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. Minimal or no multiagency risk assessment and risk mechanism and protocols are in place (e.g. no information sharing protocols; no process for clients to participate in case planning; no shared multi-agency case planning).

It's minimal. There is occasional or limited multi-agency risk management (eg. on high risk cases occurs between police and women's agencies but not children's agencies).

It's progressing. There are mechanisms for developing multiagency risk assessment and risk management (e.g. mechanism in place but not used or embedded in practice).

It's fully developed. Mechanisms and appropriate threshold are in place for participation of multi-agency response and case conferencing; includes regular meeting of key agencies to discuss service integration, information sharing, client participation, risk management.

I'm not sure.

Comments:

22. Finite resources (financial, time, expertise, infrastructure) deployed appropriately and safely: Which statement best describes your experience/understanding of this domestic and family violence integrated service system? (Select one)

It's not in place. Mechanisms to deploy finite resources are inadequate to support system accountability (e.g. unresponsive to survivor needs; workers have to compromise safety of women and children, their own safety and perpetrator accountability; integration coordinator and multi-agency partnerships within region is unsupported).

It's minimal. Demand for service is in excess of resources available and impacting on effective deployment of available resources within region (e.g. some types of agencies in the integrated DFV system unable to respond to demand adequately (e.g. child protection, housing, courts, police).

It's progressing. There is funding to support multi-agency partnerships and members' participation in relevant interagency groups.

It's fully developed. There are mechanisms to deploy finite resources maximise regional system accountability (e.g. support survivor needs; enable workers to undertake their jobs without compromising victims' or their own safety or perpetrator accountability; and support the integrated governance of the service system including continuous funding for integration coordinators).

I'm not sure.

Comments:

23. Regulation of professional standards: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. Professional practice is not guided by sector specific DFV codes of practice, protocols and standards.

It's minimal. Promotion of DFV specific professional and organisational learning in line with protocols and standards has begun.

It's progressing. Members' knowledge of relevant DFV legislation, standards, codes of practice and professional guidelines is supported by education and training.

It's fully developed. Professional practice is aligned and consistent with codes of practice, protocols, standards and privacy policy; monitoring for improvement is in place; skills audit is embedded in regulation mechanisms.

I'm not sure.

Comments:

24. Education and training: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is no strategic development of accessible multiagency DFV training at regional levels; education and training in DFV are not included in agency job descriptions.

It's minimal. Some agencies make education and training in DFV available.

It's progressing. A rolling program of education and training to support DFV professional practice and multiagency work has developed. There is ongoing education and training for workers responding to DFV relating to supporting diverse population groups.

It's fully developed. Accessible multiagency education and training in DFV is supported and ongoing; there is continuous funding for regional training initiatives; linkages exist between the skills review of staff and training plan.

I'm not sure.

Comments:

25. Risk assessment and risk management training: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is no common risk assessment and risk management training.

It's minimal. Risk assessment training for specific professional groups has developed.

It's progressing. There is consolidation of risk assessment training and development of risk management training throughout the service system.

It's fully developed. Common risk assessment and risk management training is funded, ongoing and accessible to all parts of the region.

I'm not sure.

Comments:

17. Evaluation of (regional) initiatives: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There is no evaluation built into new/pilot (regional) initiatives.

It's minimal. Evaluations occur in specialist programs but not shared with regional partners.

It's progressing. Local evaluation is used to drive local innovation and planning.

It's fully developed. The (sub)regional committee (a) instigates program evaluations (b) acts on evaluation findings locally and (c) supports wider (statewide) dissemination.

I'm not sure.

Comments:

27. Development of research culture: Which statement best describes your experience/understanding of this integrated service system? (Select one)

It's not in place. There are no mechanisms in place to support a research culture across the partnership agencies and no use of regional trend data.

It's minimal. There has been the development of the parameters for regional research.

It's progressing. Partnership agencies engage with research in the DFV area.

It's fully developed. Research is ongoing and informs annual joint review based on data analysis across the region.

I'm not sure.

Comments:

If you have any other comments about how this domestic and family violence integrated service response is progressing, please share these.

References

Breckenridge, J., Rees, S., valentine, k., & Murray, S. (2015). *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: State of knowledge paper*. Sydney: ANROWS.

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