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Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: *Key findings and future directions*

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ANROWS Compass (Research to policy and practice papers) are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This report addresses work covered in ANROWS research project 4.2 "Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women". Please consult the ANROWS website for more information on this project. In addition to this paper, an ANROWS Landscapes and Horizons is available as part of this project.

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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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Introduction

Victims of domestic, family and sexual violence have diverse and complex needs, frequently requiring multiple interventions provided by a range of community-based services. Increasing government and professional recognition of the complexity of these women's needs has acted as a catalyst for "integrated responses" and all Australian jurisdictions are developing or have developed some type of integrated response to violence against women. However, integration between and across services and sectors (policy, service delivery, government and non-government) can take a range of forms. Each of these has different implications for the delivery of services and the experiences of practitioners and clients.

Policy aspirations for integration are invariably driven by evidence of the negative consequences of service fragmentation alongside the reported benefits of collaboration between agencies and sectors. Yet there are also costs and limitations to integration, hence the need for research to better understand the advantages and challenges of integrated responses within the domestic and family violence and sexual assault sectors.

This summary is based on the report *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women* commissioned by Australia's National Research Organisation for Women's Safety (ANROWS). Undertaken in two phases, this research project reviewed and analysed data to identify key program elements, policy contexts and learnings from the implementation of integrated responses in all Australian jurisdictions. It provides recommendations for future evaluations of integrated responses, as well as key considerations for integrated responses in terms of core elements, contexts and circumstances.

Messages for policy-makers

- Policy-makers need to be aware of the current lack of empirical evidence (due to the difficulties involved in undertaking evaluation studies examining integrated responses) and commit to increasing the knowledge base regarding efficient and effective integrated models.
- There is no standard definition of integration across Australian jurisdictions. More research is needed to establish whether a shared definition of integration would be sufficiently flexible and responsive to diversity in program contexts, and if it would adapt to inherent changes over time. It appears on face value that implementing a universal framework for integration, which can be systematically evaluated across diverse programs, could be an important policy objective.
- Policy-makers need to fund evaluation models that will resonate with practitioner expectations and service objectives, and should support staff to develop the skills required to integrate evaluation into program design and implementation.

Messages for practitioners

- The experience and foundational knowledge of practitioners are centrally important to the evaluation of integrated services.
- Practitioners should be supported to develop skills to implement and support evaluation models in practice.
- Practitioners should be alert to engaging in the feedback loop to policy-makers regarding the effectiveness of evaluation models and their components in practice.
- All services should be sufficiently skilled and structured to identify and respond to the needs of women from marginalised backgrounds, including women from rural and remote Australia, Aboriginal and Torres Strait Islander and mainly non-English speaking backgrounds.
- In particular, practitioners working with these marginalised populations should be formally engaged with policy-makers to ensure that these women are represented in future policy initiatives and their needs are reflected in the development and evaluation of integrated responses.

Messages for researchers

- Researchers should consider a range of methodological approaches and where possible prioritise a mixed-methods approach that will facilitate the capacity to quantitatively measure change over time in the identified outcome areas, and to synthesise evaluation data with qualitative data.
- Integration of data and facilitating timely utilisation are vital to maintain the cycle of evaluation, feedback and service modification/development.
- Building on existing data collection portals, the aim should be to construct a systematic data collection site which is designed to facilitate easy input and extraction of data in usable form.
- The prototype evaluation model should allow for incremental refinement to ensure gradual improvement in understanding how successfully the totality of the integrated response, as well as the individual dimensions of integration, combine to produce the desired outcomes.

Background

Definition of integrated response

The review of programs and evaluations conducted for this study shows that there are a range of initiatives across Australian states and territories that meet some criteria of integration. However, there is no standard definition of integration and a range of responses are (or have been) in place. In many cases the primary driver of the initiative seems to be smoother referral pathways from one sector (e.g. police) to others – including but not limited to domestic and family violence and sexual assault services.

For the purpose of this project, a definition of an integrated response and a corresponding set of inclusion criteria for evaluated programs were developed, as follows:

- involving two or more agencies/services;
- a developed service response that has previously been offered, or is currently offered;
- clear coordination protocols for integrated service provision;
- funded as an integrated service or partnership to respond holistically to women currently experiencing domestic and family violence or have recently left a domestic and family violence situation, and/or who have experienced sexual assault;
- programs with a formalised partnership or joint service agreement between agencies;
- programs with a formalised statement of shared principles/goals between agencies;
- could include “one-stop shops” for women and children who have experienced domestic and family violence or sexual assault; and
- case coordination/management initiatives.

Research structure

This meta-evaluation involved a systematic, overarching assessment of identified program evaluations in the area of integrated responses to domestic and family violence and sexual assault. From a practice perspective, meta-evaluations are important to future program development and evaluation as they can ensure that the evidence base generated by assessed evaluations is credible.

The project was undertaken in two phases. Phase one involved the preparation of a state of knowledge paper which presents a preliminary overview of the published literature on the partnerships, collaborations and integrated interventions in relation to domestic and family violence and sexual assault in the international and Australian context. In phase two, the authors undertook a meta-evaluation of Australian integrated responses.

Brief history

Since at least the 1995 Beijing Declaration and Platform for Action, integration of services has been promoted as the overarching method for providing cohesive and comprehensive responses to women impacted by men’s violence. When initiating this process in 2008, the Commonwealth Government established a National Council to Reduce Violence against Women and their Children to consider and advise on measures to reduce the incidence and impact of violence against women and their children. In 2011, the Coalition of Australian Governments (COAG) endorsed “The National Plan to Reduce Violence against Women and their Children 2010-2022” which was designed to be implemented through a series of four, 3 year Action Plans over a 12 year period. Arguably, the National Plan is itself an integrated measure as it requires the Commonwealth, states and territories to work together. Moreover, it demonstrates COAG recognition that a whole-of-government and community response is required at a systematic level to comprehensively address and reduce violence against women and their children.

Phase one: State of knowledge paper

Methodology

The research team conducted a scoping review of published studies considered relevant to the research aims, including peer-reviewed articles, grey literature and websites. Data from relevant conceptual and empirical studies from 2000-May 2015 was extracted and results from this extraction collected, with select thematic data synthesised and conveyed in the state of knowledge paper.

- Identified/reviewed – 426 resources.
- Included – 107 resources (policy documents, websites, media releases and web pamphlets, but excluding legislation).

Common benefits and implementation challenges

Three core principles emerge from the literature which arguably inform all integrated service delivery in domestic and family violence and sexual assault, and are generally acknowledged by agencies engaged in such provision:

- a focus on enhancing victim's emotional, psychological and physical safety either in the short or longer term, or both;
- minimising secondary victimisation – for example, requiring women to recount their stories to multiple services; and
- ensuring perpetrators are held accountable for their actions.

A comprehensive review of the available knowledge about the types of integrated responses, and an accompanying jurisdictional and international mapping, identified some common benefits, including:

- a broader range of services that are offered beyond the initial crisis period;
- improvement of the professional knowledge base and service-provider relationships;
- facilitation of responsive and prompt decision-making;
- increased cross-program or agency collaboration on case management; and
- provision of multiple entry points for clients to access support.

The review and mapping also revealed some significant 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 as a cause of frustration for clients and staff;
- unsustainability due to resource limitations; and
- loss of specialisation and tailored responses.

Overall, the anecdotal and empirically-derived potential benefits of integration appear on face value to outweigh the challenges. However, the evidence base on the effectiveness of integration is limited and therefore restricts definitive conclusions to be drawn.

Phase two: Meta-evaluation

Methodology

Following two literature review processes, a total of 48 evaluations were identified as having met the required criteria. Thereafter, a comprehensive summary of each evaluation was completed using a meta-evaluation matrix, which included:

- author, year of publication, place;
- target group, socio-demographics, setting;
- collaboration/partnership agencies;
- nature of the program, aims and content (prevention, direct support/intervention, policy framework);
- detail of the alliances of stakeholders that were involved in program implementation;
- methodology employed for the evaluation;
- process measures employed;
- outcome measures employed; and
- summary of important results.

In addition, the Critical Appraisal Skills Program (CASP) checklist was used by the researchers as a guide and retrospective checklist to ensure that the required items for a systematic meta-evaluation had been included.

It should be noted that although all jurisdictions have developed and now fund a range of integrated responses to violence against women, not all currently operating initiatives were included in the meta-evaluation. Evaluations of contemporary responses may not yet have been conducted or subjected to formal review and a few in-scope evaluations were not released at the time of writing, precluding these responses being included in the meta-evaluation. In addition, some of the older evaluation reports referenced by others are no longer publicly available or were unable to be located despite their identification in peer-reviewed and evaluation literature.

Evaluation quality

Building on the data summarised in the evaluation matrix, the team collated data on the quality of evidence of the included evaluations across the following three domains:

1. Independence.
2. Properly specified evaluation goals and questions.
3. Appropriateness of the study design and data analysis.

In relation to the quality of the evaluations, the majority of those included outlined their methodology clearly and linked their research design to the research questions. Although the analytic methods used were not always described in detail, most evaluations did not make claims beyond what the data or their methodology allowed. The majority also utilised a mixed-methods design, incorporating both qualitative and quantitative measures.

However, few of the evaluations have robust outcome measures and none were designed to assess the relative impact of specific

components, so it is not possible to draw conclusions from the evaluation evidence on the effectiveness of program components or service models. A further limitation is that most of the evaluations did not analyse experiences or outcomes for diverse population groups including those from mainly non-English speaking backgrounds, women living with disabilities, or those living in rural and/or remote geographical locations.

The lack of integrated response evaluations in the area of sexual assault meant that there was no capacity to synthesise evidence showing similarities and differences in integrated responses to both domestic and family violence and sexual assault. Therefore, the meta-evaluation was unable to establish whether both domestic and family violence and sexual assault are optimally offered separately or within one response.

Key features of integrated programs

In relation to the key identifiable program elements of current Australian integrated responses, the authors found that these responses are diverse, and represent a range of service models, partnership models and intervention points. From a definitional perspective, the meta-evaluation showed that there is no shared cross-jurisdictional agreement of what constitutes integration. Because of this, it is difficult to make comparisons between responses, but it is possible to identify typical characteristics and goals from the evaluations reviewed:

- Each one of the responses makes use of an interagency model delivering case coordination, information sharing and/or multi-disciplinary service delivery. The interagency model may be a component of the response, or the entire response.
- Police services are participants in the majority of responses.
- Housing and accommodation support are components of approximately one third of the integrated responses.
- Multi-agency risk assessment and safety planning for victims of domestic and family violence are components of approximately one third of the integrated responses.
- Few integrated responses are focused on responses to sexual assault and of the three that target both sexual assault and domestic and family violence, two are primary prevention initiatives and do not include direct service delivery.
- Few integrated responses include behaviour change or similar programs for perpetrators.
- The evaluations found promising indications for integrated approaches. The vast majority found that the interventions had changed ways of working for the agencies involved and increased collaboration, built professional respect and knowledge, and in many cases brought agencies closer to shared understandings of violence and risk. When client views were included, the evaluations found that clients valued the support they received.

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