phn BRISBANE SOUTH
An Australian Government Initiative

Primary Health Impact

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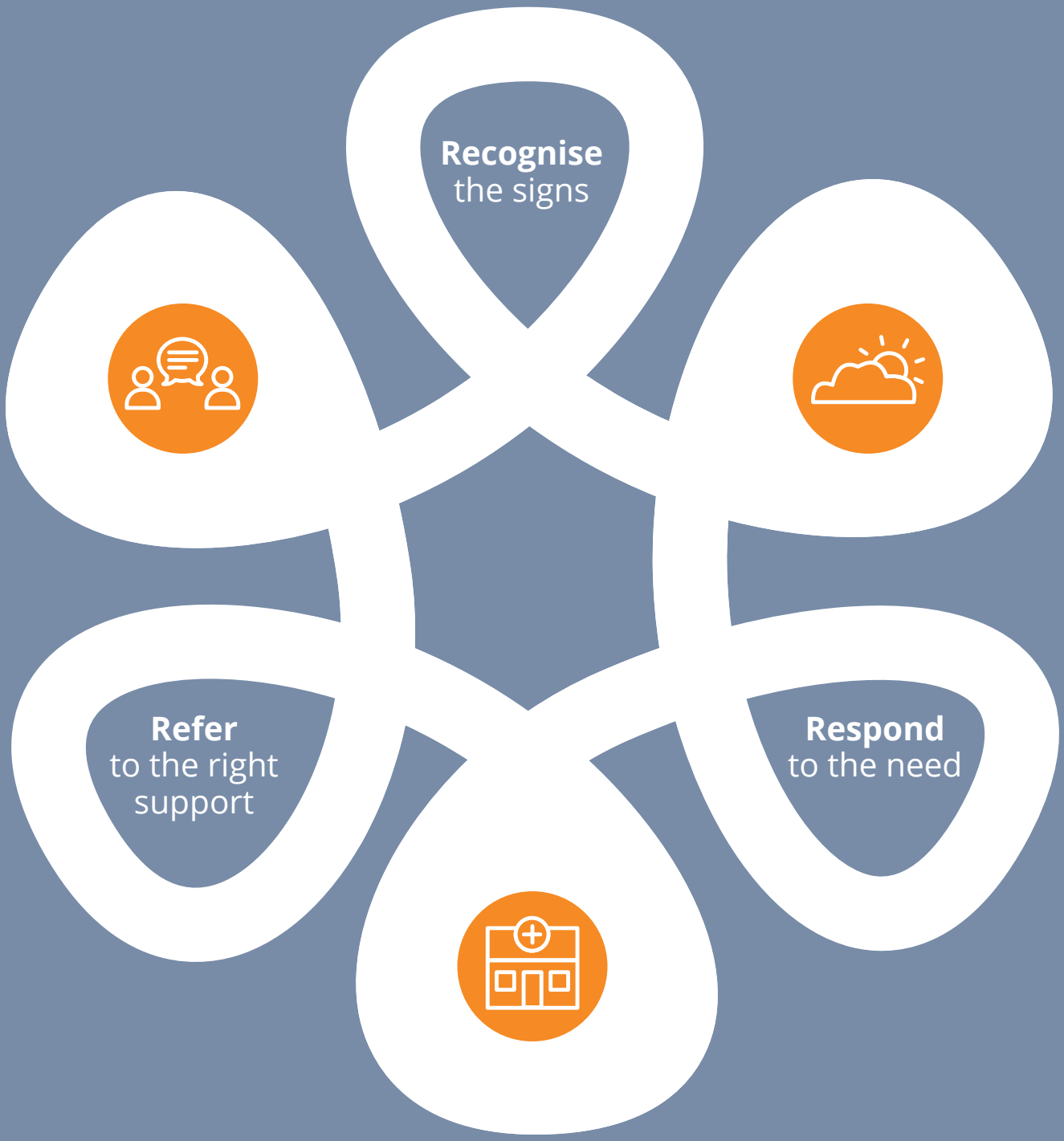
Leading the way to support general practice response to domestic and family violence in Brisbane south.



Acknowledgement of Traditional Custodians

Baugull nyungai
Gurumba bigi
Maroomba biggee

We acknowledge the Traditional Custodians of the land on which we live and work, and of the many different nations across the wider Brisbane south region.

We pay our respects to the Elders, past, present and emerging as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of the community. Get in touch with us via **contactus@bsphn.org.au** or call **1300 467 265**.

About us

Brisbane South PHN (Primary Health Network) is a not-for-profit organisation that works across all levels of the health system to increase the efficiency and effectiveness of health services for Brisbane south - particularly for vulnerable populations and those at risk of poor health outcomes.

We're here to deeply understand the health and wellbeing needs and opportunities of our region, and to work with health professionals and our communities to achieve this. We commission services that directly respond to these needs to create a more accessible and equitable health system.

In this issue

Brisbane South PHN's vision is for the best possible health and wellbeing for every person in the Brisbane south region. Our *Primary Health Impact* publication takes an in-depth look at health challenges affecting our region, exploring the ways we partner with peak bodies, health services, associations, government and community members to achieve real outcomes.

In this issue, we explore our response to domestic and family violence (DFV) in Brisbane south. It is estimated that full-time general practitioners see up to 5 women per week who have experienced some form of intimate partner abuse (physical, emotional, sexual) in the past 12 months[1].

Primary health care professionals are ideally placed to recognise the signs of DFV, to respond in an appropriate way, and to refer the person to the right supports. General practices are more likely to receive disclosures of violence and have critical opportunities to intervene according to the Domestic and Family Violence Death Review and Advisory Board, 2020. Indeed, many general practices already help their patients find pathways to safety.

To support their vital work, we developed the Recognise, Respond, Refer program (RRR) program, which brings together primary health care professionals and specialist DFV services to improve outcomes for people presenting to general practices, and to connect them with the right supports.

Find more about the Recognise, Respond, Refer program at Brisbane South PHN's website **www.bsphn.org.au.**

[1]Abuse and violence: Working with our patients in general practice (2014), 4th ed. Melbourne: The Royal Australian College of General Practitioners.

CEO message

Complex health challenges demand sophisticated solutions.

The Australian Institute of Health and Welfare found that 29,000 people in Australia (excluding Western Australian and the Northern Territory) were hospitalised at least once for domestic and family violence (DFV) between 2010-11 and 2017-18.

The same report (as of 16 December 2021) found that 1 in 8 people who were hospitalised had at least one additional hospital stay as a result of DFV.

DFV is a multilayered health and wellbeing issue that has long been a priority for Brisbane South PHN; the COVID-19 pandemic has made our work in this space even more critical. In this edition of *Primary Health Impact* publication we are shining a spotlight on DFV, and on our groundbreaking Recognise, Respond, Refer (RRR) program that supports general practices working in primary care.

Recognise, Respond, Refer trains and assists general practices to identify and support people experiencing DFV through localised, place-based solutions that ensure no-one falls through the cracks. Over the past 4 years, we've trained primary health care workers, facilitated partnerships with social services and engaged all levels of government to secure funding for an expanded national rollout.

The RRR program works. Its success lies in addressing the problem of DFV as a primary health issue, with our pilot program in Brisbane south demonstrating measurable improvement in how General Practitioners (GPs) and general practice staff interact with patients and families experiencing violence and abuse, and how people are supported with follow-up services via single-point-of-referral specialists.

So far, 948 primary health professionals in our region have participated in training, including 475 GPs. Of these participants, 95% have reported increased confidence to support patients in need, with 337 general practices now set up to access DFV Local Link workers (specialist, single-point-of-referral workers who support practices and patients). A further 446 people experiencing DFV have been referred on to pathways to safety; 304 of these have been supported with onward referrals such as counselling, legal and crisis support. RRR is changing lives every day.

Further development work is underway to fine-tune the program, including expanding training and support for primary care workers to prevent and respond to child sex abuse, as well as overall responses suitable within the context of people's specific culture and identity needs (i.e. First Nations, LGBTIQA+, disabled, multicultural and refugee peoples).

As a result of our successful pilot program and advocacy efforts, the Australian Government has recognised the value of implementing the RRR program within local communities and funded the expansion of a $48.7 million national trial across 5 national sites in the 2022-23 Budget. We warmly welcome this news. The challenges we face are huge but this program is a key part of a system-wide response to domestic and family violence; its expansion will save lives.

Brisbane South PHN led this fundamental shift to invest in early intervention and prevention, as primary health care workers are often an initial and consistent point of contact for people experiencing gendered violence, as well as people using violence and abuse.

I am tremendously proud to see our program expanded as part of a broader, systemic response to DFV, and grateful to all the health professionals turning it into a reality in general practices across the country.

I hope you enjoy this edition of *Primary Health Impact* and encourage you to get in touch if you'd like know more about what we're doing to address health inequalities in the Brisbane South PHN region.
I welcome your feedback as always.

Kind regards

Mike Bosel
Chief Executive Officer

Meet a DFV Local Link worker

Primary health care professionals are ideally placed to recognise the signs of domestic and family violence (DFV), respond in an appropriate way, and refer patients to the right supports. Many general practice staff already do this by helping their patients find pathways to safety. To support this vital work, Brisbane South PHN developed the Recognise, Respond, Refer program (RRR) program.

'Being part of the RRR program has been a beautiful progression,' explains Mikaela, a RRR DFV Local Link worker with the Centre for Women & Co. Logan.

'When I first started working from the general practices it was a bit awkward for everyone. A lot of the staff didn't know who I was or the purpose of my role. Over time, they attended the RRR training and they got used to having me around.

'Very soon I started getting referrals. The more time I spent in the practice, the more they started referring patients to me or talking to me about patients they were concerned about.'

RRR DFV Local Link workers are specialists who support general practices by acting as a single point of referral. Their work integrates general practices with local DFV services; they also support general practices to debrief from traumatic disclosures.

'DFV Local Link workers are able to develop relationships with the local general practices they support so GPs get to know and trust them,' explains Susan Conaghan, Project Manager, Family Support, Brisbane South PHN. 'DFV Local Link workers also provide a level of care coordination for those referred into the service, that puts both the GP and the person experiencing violence at ease,' she said.

‘Local Link workers don’t manage a case load themselves,’ Susan continues, ‘but rather triage patients to the most appropriate supports and use their knowledge to manage issues and minimise risks associated with an often over-capacity DFV system.’

Developed in partnership with The Australian Centre for Social Innovation via an evidence-based, human-centred design process, the RRR program is comprised of 6 influential activities that support general practices to play an effective role in the systemic response to DFV. Alongside Local Link workers, this involves building workplace capacity, whole-of-practice approaches, locality integration, system influence, and evaluation, design and iteration.

‘Less than 12 months after implementation, we are starting to see collaboration between the primary care and community sector,’ said Mikaela. ‘I manage many questions, referrals and follow-ups. I am also teaching people how to better recognise, respond and refer to DFV in their practice at a pace that suits individual clinics and staff, even when I’m not there. The practice demographics haven’t changed. The patients haven’t changed. It’s the program that has changed the way the practice works with DFV presentations, and the wonderful staff who have adopted RRR so passionately.’

To find out more about available services and training, or to arrange a visit to your practice by a RRR DFV Local Link worker, visit our website **www.bsphn.org.au/support/for-your-practice/domestic-and-family-violence**

Using lived experience to bring about change

Bec Fullbrook is a valued advisor on the Recognise, Respond, Refer (RRR) program, leveraging her own lived experience of domestic violence to collaborate with others impacted by domestic and family violence (DFV) as part of an ongoing consultation and design process. She shares her experience of being involved in making change.

Brisbane South PHN is fiercely committed to making a meaningful and measurable impact through collaboration and partnership with people like Bec. The RRR program is the result of ongoing engagement with a range of people impacted by DFV who courageously share their personal experiences to bring about change and strengthen the program. Many participants have expressed renewed hope and an amplified sense of purpose from their involvement in the ongoing consultation and improvement process.

'If you aren't checking in with the people the program is aimed at, how can you know if your efforts will actually make a difference?' asks Bec.

It's an excellent question, and one that underpins the co-design work done by the many PHNs participating in the Brisbane South PHN-led RRR program across the country.

This is not a case of consultation for consultation's sake. The RRR program is agile and able to adjust where required. The team does an amazing job of recognising when an approach isn't working, responding with changes and referring these enhancements to the program's partners for successful adaptation.

When a friend found herself the victim of a serious DFV incident recently, Bec encouraged her to seek immediate medical attention.

'She refused to see anyone but her regular GP. I called the clinic to explain the situation and they agreed to fit her in. On arrival, I expected the doctor to quickly treat the physical aspects and send us on our way. I was impressed to see that the doctor was empathic, and called their DFV Local Link worker to get expert advice. She spoke highly of the RRR program, and explained that by referring my friend to a DFV Local Link worker, they would work as a team to help her.'

The DFV Local Link serves as a connector between primary health care providers and the DFV sector, enabling increasing integration between these 2 sectors over time. 'As a loved one of someone going through DFV, you can feel powerless and unable to help,' said Bec. 'Seeing the relief on her face when she realised she was going to be supported holistically without judgement gave me great solace. This is when I was convinced that the RRR program works. Whilst we're making progress, so much more needs to be done. Everyone has a basic right to safety, equality and respect in our society, but we know this is still not the experience of many Australians.'

Bec explains that opening up about something like DFV is extremely difficult and takes a lot of courage. 'With victim-blaming rife, and so much shame and stigma attached, victim-survivors are inclined to cover up any indicators of abuse. General practice staff may be the only avenue of help someone may ever encounter, so having staff attuned to pick up on the signs and trained to sensitively encourage dialogue in the right way could be life-saving. All primary health care professionals need to be aware.'

'The RRR program has also developed RACGP-accredited training to help upskill GP staff to respond in a way that puts safety first, always. i.e. it's critical to ask about DFV when the patient is on their own,' said Bec.

'My abuser was with me 24/7 including doctor appointments – in a pap smear he didn't want the curtain shut and was there the whole time. The doctor did not know what to do.'
- Person who has experienced DFV

'I went to a doctor with rashes all over my body. The doctor was doing lots of tests and could not get to the bottom of the health issue, so he asked me in front of my partner 'are you stressed?' I could not answer because my partner was there.'
- Person who has experienced DFV

It is strongly recommended that primary health care providers be aware of the circumstances of the appointment and ensure that it is safe to ask probing questions.

It is important to confirm the abusive partner is not present (Abuse and violence: Working with our patients in general practice, 2014).

So what advice does Bec have for primary health providers?

'Domestic and family violence is happening whether you're aware of it or not. Keep an eye out for symptoms just as you would with any other patient with a major risk factor to their health. Ask questions if something seems a bit off, monitor the situation and refer to a specialist. Learn how to Recognise, Respond and Refer. It could be the difference between life and death.'

The expansion of the RRR nationally through PHNs is just one of many steps needed to reform the health system's response to DFV. Further work is underway to develop the program's scope, to ensure primary care can adequately, safely and effectively work with people who use violence and control.

What it's like to implement the RRR program

Since 2006, Patrice Cafferky has owned and managed a private practice with her husband, who is the principal General Practitioner (GP). A nurse and midwife by training and profession, she is also a Board Member of Brisbane South PHN.

Mrs Patrice Cafferky is uniquely positioned to share 2 distinct viewpoints of the Recognise, Respond and Refer (RRR) program. As a board member, she works closely with a team of dedicated health care policy influencers to improve the health outcomes of everyone in our region. As the owner and manager of her own practice, she has also experienced how the RRR program has impacted her staff and patients.

Mrs Cafferky's practice was one of the first private practices to take part in the program. We sat down with Mrs Cafferky to talk about implementing the RRR program in her own practice (she describes it as one of the best initiatives she's ever had anything to do with) and her vision for the future now that it's being implemented nationally.

'We observed first-hand the growing need for pathways to safety and health for patients. There was a sense of powerlessness in our practice in treating DFV because it's contrary to everything GPs are trained to do, which is diagnose and treat,' Mrs Cafferky explains. 'The RRR training instilled confidence in all our staff at my general practice to better recognise signs and respond in an appropriate way. In particular, the Local Link service has been our link between our GPs and the social workers.'

'Neither the primary care or social service sector can tackle DFV alone, so nurturing further understanding and links between both areas is so important.' continued Mrs Cafferky.

‘For instance, if GPs can’t connect with relevant, appropriate services, or if they’re unsure of available referral pathways, they simply can't provide much-needed support to patients experiencing DFV. And that visit to the GP might be the only chance that person has.’

The RRR program offered Mrs Cafferky’s practice a comprehensive, whole-of-practice solution to a problem they previously felt isolated and somewhat powerless to confront. The way the program is delivered ensures everyone is trained and supported; from practice managers and receptionists to nurses and GPs, enhancing collaboration, team building and learning.

‘We did our RRR whole-of-practice training on a weekend. Everyone was involved; all our doctors, nurses, reception and admin staff. It created opportunities for us to have conversations we might not have otherwise had. It also provided practical tools and tips, like putting posters on the backs of our toilet door; simple things to raise awareness of DFV and highlight safety in our practice.’

‘The training empowered admin and reception staff to mention if they’ve noticed a change in a patient’s demeanor. They feel more confident to recognise signs and that their observations matter enough for them to have a conversation with the treating clinician—which then opens a door for the GP to have a conversation with a patient.’

Mrs Cafferky believes the success of Brisbane South PHN’s RRR program pilot made a strong case for the upcoming national rollout in each state and territory.

‘We had an urgent need for immediate investment in programs to make a difference in the lives of people experiencing violence,’ said Mrs Cafferky.

‘PHNs are well placed to integrate the primary health care system and the social services sector. Providing ongoing, necessary funding and entrusting the rollout of DFV programs like RRR to PHNs will facilitate the inter-system cooperation the sector so desperately requires to meet the challenges of DFV.’

With further funding confirmed to include training to prevent and support victims of child sex abuse, Mrs Cafferkey looks forward to doing her part in the systemic response to violence against women and children.

‘The RRR program built the confidence of all my staff. Because of that, we can offer victims of DFV a chance at a better life.’

The system view

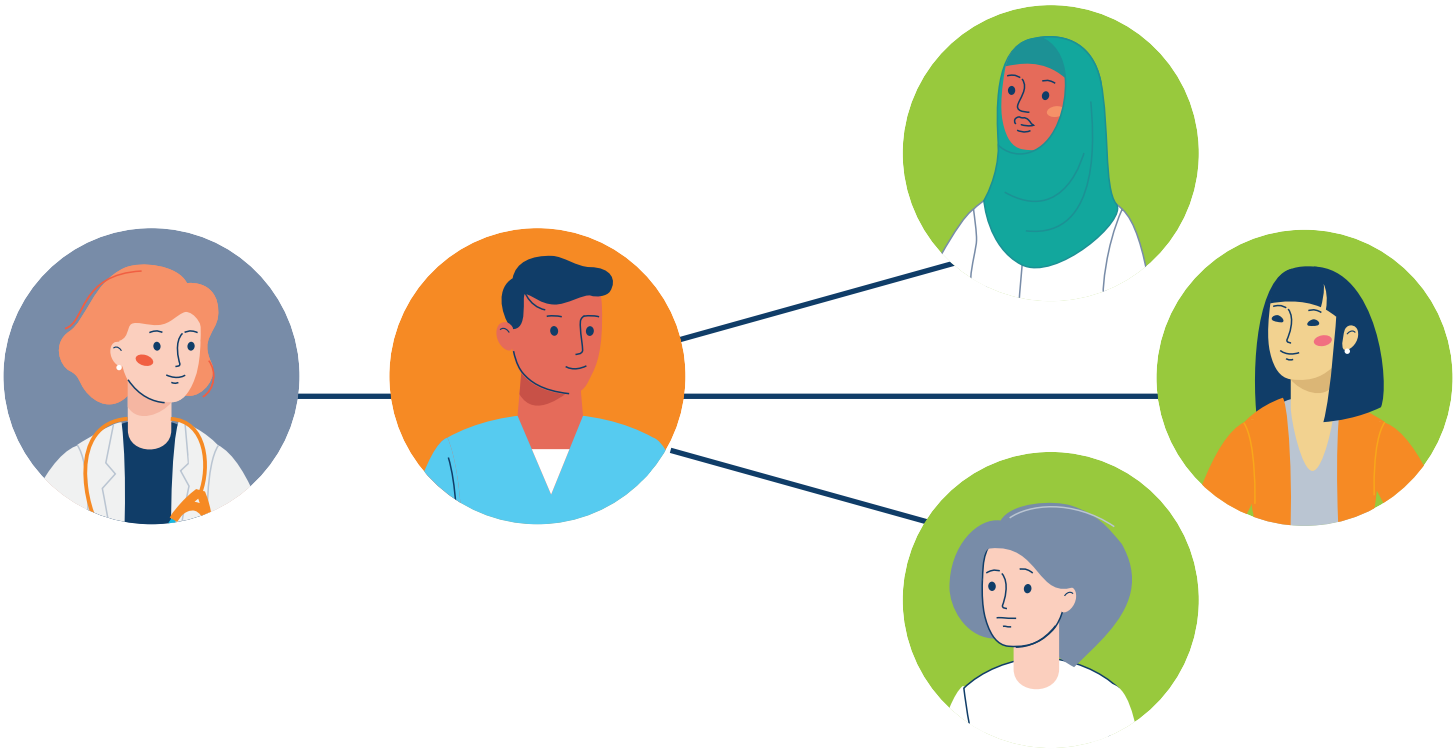
Family, domestic and sexual violence is a major health and welfare issue in Australia, affecting people of all ages and backgrounds, but predominantly women and children.

Between 2010-11 and 2017-19, The Australian Institute of Health and Welfare found that 29,000 people in Australia were hospitalised for domestic and family violence (DFV) (excluding Western Australia and the Northern Territory). The same report found that 1 in 8 of these people were then hospitalised at least once more for DFV. Within that cohort, 60% of the additional hospital stays occurred within 12 months.

Brisbane South PHN's RRR program offers an integrated, systemic health response to DFV that powerfully addresses the barriers primary health care providers told us they face in their everyday work.

Supported by evidence and informed by the voices of people who have experienced violence, primary health care professionals, DFV specialists, academics and key stakeholders, RRR works because it provides structure and guidance to primary health care workers and builds practitioners' confidence, skills and connection to the existing DFV system.

'PHNs have a deep knowledge and connection to their local communities, established relationships with primary health care organisations in their regions, and the capacity to develop partnerships with their local DFV sector to co-design localised approaches to implement the RRR model,' said Matt Statham, General Manager Child, Family and Older Persons, Brisbane South PHN.



'We wanted general practices to feel part of a bigger system and be supported to confidently respond to patient disclosures' said Susan Conaghan, Project Manager, Family Support, Brisbane South PHN. 'RRR has improved outcomes for patients and, at the same time, it has supported GPs by making them feel more safe, comfortable and built their skills to work in trauma-informed ways.'

RRR works to integrate general practices into a broader systems response to DFV in 2 ways. First, it clarifies the roles primary health care providers play at an individual, organisational, local and system level, supporting general practice staff to see themselves as part of this broader response to DFV. Secondly, it builds trust between the primary care and DFV sectors to enable meaningful referrals between these sectors and coordinated care of patients experiencing DFV. 'As a result of RRR, the DFV sector now has a better understanding of the role and scope of GPs and, vice versa, GPs now have better understanding of the DFV sector,' said Susan.

Implementation of the RRR program by PHNs across Australia will enable a consistent, evidence-based approach nationally.

'PHNs are ideally placed to conduct this work nationally as we already commission service agencies to fulfil workforce capacity-building functions that support DFV, based on our localised needs assessment of each region. We work across health care systems to undertake reform and integration by collaborating with other PHNs. We also bring together influential stakeholders to achieve outcomes that are consistent, standardised and of high quality.
By entrusting DFV programs like RRR with PHNs, we will continue to work across systems to further improve integration for patients.'

Pathways to safety

RACGP-accredited RRR training explores practical ways general practices can support patients affected by DFV and encourages a 'whole-of-practice approach.'

Domestic and Family Violence (DFV) Local Link services offer a one-point-of-referral resource for patients. This service also provides advice and support to general practice staff and connects patients to supports and services which open pathways to safety.

The RRR Community of Practice brings together GPs with an interest in responding to DFV to support one another, facilitate case discussions, and build pathways to help patients and families. If you're interested in joining the RRR program **contactus@bsphn.org.au** or call **1300 467 265** today.

Breaking the cycle

Primary health care providers have a critical role to play in recognising, responding to, and referring patients living with domestic and family violence (DFV). They are often an initial and consistent point of contact for people experiencing DFV, and for people using violence and abuse. We spoke with a General Practitioner (GP) who is part of the Recognise Respond Refer (RRR) Community of Practice to find out more.

'We encourage all general practices in Brisbane south to join us in participating in the RRR initiative,' said the RRR GP Clinical Advisor. 'RRR is leading the way to provide GPs with high quality and holistic DFV support and is RACGP accredited.'

Primary health care is often one of the few places people experiencing DFV are allowed to go, even if their movements are being tracked and monitored. General practices may also be seen as trustworthy and safe spaces to disclose DFV.

Whilst many primary health care providers already work to identify DFV in their patients, they were previously not well supported to do this as part of a broader, systemic response.

'The RRR training has empowered our practice by providing support and training to all staff including reception, nurses and doctors. Our team is now more attuned to pick up subtle signs that people may be experiencing DFV,' the RRR GP added.

'It has also enabled us to build a sense of trust and to show patients we are with them for the long term, and we can support them to access the right pathways to safety, when they are ready.'

The RRR model provides an integrated health response to DFV, to guide primary health care providers on how to work with people experiencing DFV as part of a broader system.

It's supported by a RRR Community of Practice, which brings together GPs and a trauma-informed GP-Psychotherapist who all share an interest in responding to DFV, to support one another, facilitate case discussions and learn more about help available for their patients.

'The power of the RRR Community of Practice is the combination of peer support from other GPs, expert advice from the DFV Local Link workers, and experienced facilitation from a trauma-informed care specialist.' said the RRR GP. 'RRR has provided a safe space to learn and debrief on the complex cases we encounter, and gives practical support through the expertise of the DFV Local Link workers.'

'With funding now confirmed for the continuation and expansion of RRR nationally,' the RRR GP adds, 'There will be no postcode barriers to this support — where a patient lives should not stop them from accessing such vital services.'

'There is no doubt that this model works. We identified the need for it to continue to grow and are pleased the program is being expanded and integrated further into general practice.'

Why is RRR so important?

Domestic and family violence (DFV) is recognised as a serious and widespread problem in Australia, with enormous individual, community and societal costs.[1]

People with disability are 2.5 times as likely to report intimate partner violence in the last 12 months.[2]

Intimate partner violence contributes more to the burden of disease (the impact of illness, disability and premature death) of adult women in their reproductive age (18-44 years) than any other risk factor. It contributes an estimated 5.1% of the burden for women aged 18-44 years.[2]

While currently it is difficult to determine rates of DFV experienced by culturally and linguistically diverse communities, factors such as social isolation and language barriers do increase vulnerability and hinder help-seeking.[3]

First Nations people are 32 times more likely to be hospitalised due to family violence as non-First Nations people.[4]

DFV prevalence in LGBTIQA+ relationships are at least equivalent to non-LGBTIQA+ relationships: one recent study found that 41% of LGBTIQA+ people reported having experienced Intimate Partner Violence.[5]

29,000 Australians were hospitalised for DFV between 2010-11 and 2017-18.[6]

1 in 8 people who were hospitalised for DFV during the above period had at least 1 additional hospitalisation with more than 60% of these occurring within 12 months.[6]

[1] The Australian Institute of Health and Welfare (2021). Family, domestic and sexual violence data in Australia. https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-data/data

[2] Australian Government. (2016). Burden of Disease Study: Disability and Intimate Partner Violence. https://www.aihw.gov.au/

[3] Australian Government. (2018). Intimate partner violence in refugee communities. Institute of Family Studies. https://aifs.gov.au/cfca/sites/default/files/publication-documents/50_intimate_partner_violence_in_australian_refugee_communities.pdf

[4] Australian Government. (2018). Family, domestic and sexual violence in Australia. Institute of Health and Welfare. https://www.aihw.gov.au/getmedia/d1a8d479-a39a-48c1-bbe2-4b27c7a321e0/aihw-fdv-02.pdf.aspx?inline=true

[5] Safe and Equal. (2022). Family violence in an LGBTIQ context. https://safeandequal.org.au/; Latrobe University. (2020). Private Lives 3: A National survey of the health and wellbeing of LGBTIQ people in Australia. https://www.latrobe.edu.au/arcshs/publications/prvate-lives/private-lives-3

[6] The Australian Institute of Health and Welfare. (16 December 2021). Family, domestic and sexual violence data in Australia. https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-data/data

Our member organisations

Brisbane South PHN has 22 members from across the community, not-for-profit and health sectors, as well as peak bodies, who provide critical support for our work across policy, health reform and other matters - including on issues relating to domestic and family violence in the Brisbane south region.

Members maintain a role in Board governance and vote at our Annual General Meeting (AGM) and other meetings convened by Brisbane South PHN's Board of Directors. They also participate in subject-specific expert reference panels; work with us via partnerships and other joint investment opportunities; and engage in professional development and networking events relevant to the sector.

We are grateful for their guidance and expertise as we seek to address health inequalities through the power of partnerships, to support the best possible health and wellbeing outcomes for every person.

aapm Australian Association of Practice Management excellence in healthcare management

Allied Health Professions Australia

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

apna Supporting nurses in primary health care

Children's Health Queensland Hospital and Health Service | Queensland Government

COTA QUEENSLAND

csia Community Services Industry Alliance

Ethnic Communities Council of Queensland

GPTQ

Inala Primary Care Excellence in General Practice

IUIH institute for urban indigenous health

LASA LEADING AGE SERVICES AUSTRALIA The voice of aged care

Metro South Health

mater

NDS National Disability Services

The Pharmacy Guild of Australia QUEENSLAND BRANCH

Pharmaceutical Society of Australia

Private Hospitals Association PHAQ Queensland

qmh leading community mental wellbeing

RACGP Royal Australian College of General Practitioners

ST VINCENT'S PRIVATE HOSPITAL BRISBANE

THE UNIVERSITY OF QUEENSLAND AUSTRALIA