

# Recognise, Respond & Refer Pilot Domestic and Family Violence

The relevance of good collaboration and integration

**2022 PHN Commissioning Showcase**

17th March 2022

**phn**  
NEPEAN  
BLUE MOUNTAINS

An Australian Government Initiative

Wentworth Healthcare provider of the Nepean Blue Mountains PHN.

# Nepean Blue Mountains Primary Health Network

## At a glance

- ❖ Supporting the needs of over **360,000** across the Blue Mountains, Hawkesbury, Lithgow and Penrith
- ❖ **138** general practices, **74** community pharmacies and **717** individual allied health professionals
- ❖ The area includes large areas of social disadvantage and covers regional, with recent **floods, bushfires** and now **Covid** impacting heavily on the well being of the community.
- ❖ Higher incidence rate of **domestic violence** in Penrith LGA compared to the NSW state average.

## The region



# RRR Pilot Overview

- ❖ Recognise, Respond & Refer (RRR) – an integrated health response to Domestic and Family Violence (DFV)
- ❖ National Evaluation – Sax Institute/Australia's National Research Organisation for Women's Safety (ANROWS)
- ❖ Steering Committee



# Program Delivery

## ❖ Commissioned Services

DV West

Nepean Community Neighbourhood Services

Relationships Australia



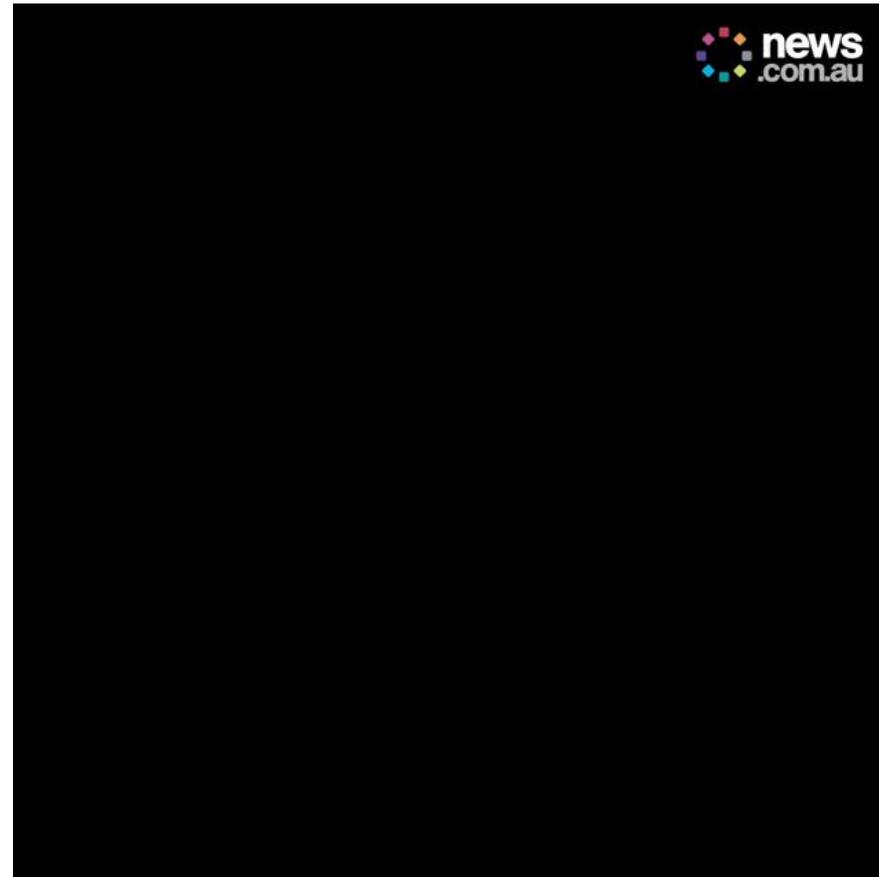
Domestic and Family Violence (DFV) Linkers

## ❖ DFV Training

Introduction to Domestic & Family Violence: *a one-hour session presented by the PHN and the DFV Linkers.*

Webinars: *7 short videos relating to the complexity's vulnerable 'people' in our community face*

# Domestic & Family Violence



# The challenge

- ❖ Domestic and family violence (DFV) is a major health and welfare issue in Australia
- ❖ DFV is incredibly complex and there's no quick fix
- ❖ Primary Health Care providers are not equipped to work through the complexities of DFV
- ❖ DFV sector are usually 'at capacity' with reports of a high number of women and children being turned away from crisis accommodation



# The approach



# Collaboration and Integration

Western Sydney University – Medicine in Context

General Practice Conference & Exhibition

DFV and the Law in General Practice panel(s)

# The impact

## Training and DFV Linkers

Workforce Capacity  
Building

“Felt the training would allow for “Better identification and response to DFV”

System Integration

“Learned that routine screening for DV to better identify at risk patients, earlier recognition, knowing where to refer and link up my patients in need”.

Collaboration  
between the  
commissioned  
services

“Helps with identifying services available to assist patients who have issues relating to DFV”

“Actively question and ask open ended questions to create opportunities for patients to disclose DFV”

# Case Studies

35yo female attended her regular psychologist appointment



Psychologist had previously attended the DFV training and was able to ask questions pertaining to DFV.



DFV Linker was contacted, and support was provided

19yo female visiting family attended local practice



GP 'suspected' DFV but although patient disclosed, didn't elaborate.  
Came back to practice the following week and saw same GP.



DFV Linker was contacted where patients needs were ascertained and relevant support services were established.

# The learnings

- ❖ Covid's impact on the program's deliverables
- ❖ Importance of consultation/feedback with subject matter experts
- ❖ Having a good understanding of the sector you are working with
  - ❖ Incidental outcomes
  - ❖ Patience and persistence!

