Policing & Interdisciplinary Triage Teams
- A dual award winning approach -

Improving Health & Safety for Operational Police and Communities

Introduction

This initiative has the potential to positively change the culture and practise of operational policing and community services across the State of Victoria. The concept provides for the opportunity for an early intervention when people in need of assistance first come in contact with police. It rationalises referral pathways at the police/community services interface by establishing Interdisciplinary Triage Teams of community service professionals. This is a whole of government, cross sectoral approach, that empowers local people to solve local problems. Individual sectors have recognised the need to take a more integrated approach. This approach offers the next step in going beyond integration of services within sectors and departments at a local level. It demonstrates that an integrated response across a wide range of community services can be achieved, whilst bridging the justice/health interface.

Whilst written from a Victorian perspective many will see that the operational settings and policy development issues raised are similar to those experienced throughout Australia and indeed beyond.

A wide range of people who work at various levels have been involved in the development of this concept and passionately support it. Those people include operational police, experienced police family violence advisers, leaders in community services, academics and community service professionals from a number of disciplines who speak of how working in this team environment has not only improved their professional relationship with police, but has also had a positive influence on how they work within the community service sector to achieve better outcomes for people referred by police. This briefing has been written in collaboration with Ms. Rae Walker, Associate Professor in Public Health at La Trobe University.

Operational Setting

A significant component of police work involves working with members of our community who are in crisis, who have committed offences, are at risk of doing so, or who are linked with such people as victims or family members. Many would potentially benefit from a range of health and welfare services. Effectively addressing health and welfare issues that contribute to increased risk of offending, revictimisation or harm is an important crime, violence and social disorder prevention strategy. A key issue for operational police who come into contact with people who have health and welfare needs is to develop the capacity to effectively link these people to the primary health care system and a key issue for primary health care is to develop systems that effectively deal with a population group that frequently has special needs and can be difficult to engage.

Rationalising Referral Pathways

The justice/health interface has been developed in an ad-hoc, issue by issue approach, which has generated a plethora of referral criteria and burgeoning referral pathways, creating gaps, confusion and frustration particularly for operational police leading to missed opportunities for enhanced social outcomes and community safety. The adoption of an Interdisciplinary Triage Team approach essentially rationalises this process by community services re-engineering their service response in line with developments within primary healthcare and applying it at the justice/health interface. Interdisciplinary Triage Teams of community health professionals, which include Alcohol & Other Drugs, Mental Health, and Family Violence & Child & Family counsellors, are established at a municipal/police service area level. These teams provide police and other emergency services, a dedicated point of referral to;

1 e.g. the integrated family violence strategy and the dual diagnosis, no wrong door approach to address those people suffering from mental illness and alcohol & other drug dependence and Child Protection and Child First and most recently Rob Hulls announcement that Magistrates' Court of Victoria is to set up a Mental Health List to help address the needs of offenders with mental illnesses. http://vic.pnews.com.au/Page_VICpns1499.html

2 Victoria Police, The Way Ahead Strategic Plan, 2003 – 2005, Our Challenges, p.6 To meet these challenges, we will integrate our approach towards crime and violence prevention and community safety strategies. We will ensure fair, equitable and effective delivery of policing services through whole-of-government initiatives and the development of sustainable partnerships and relationships with other agencies and local communities.


Dwyer J, 2005, ABC Online PM - Reform of health care delivery not tackled by COAG http://www.abc.net.au/pm/content/2006/6165746.html

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• respond to any issue not requiring an immediate crisis response by contacting the person referred within 24 hours, taking advantage of a "window of opportunity" to positively intervene.
• respond to victims and offenders or any person in need of assistance who agree to a referral.

Outreach - It is acknowledged that there are not enough resources for each community program to do outreach work to locate and engage those in need, particularly those who are the most marginalised and hidden and most likely to fall through the gaps in the system. Interdisciplinary Triage Teams create an efficient system of work by using existing resources – i.e. the police – to link these most marginalised and hidden populations to appropriate services. Put simply this approach utilises a 24/7 resource (police) to provide outreach that is often problematic for overstretched agencies.

OH&S - Importantly, this approach also has positive occupational health and safety outcomes for operational police, with the potential to reduce re-attendance by police to incidents of often escalating levels of violence and reduce levels of stress in attempting to navigate an increasing complex labyrinth of referral pathways.

National & State Awards

This interdisciplinary approach is currently operational and has received recognition at a National level in respect to crime and violence prevention and at a State level from a health care perspective. The Northern Assessment Referral and Treatment Team (NARTT) was awarded a Certificate of Merit and prize of $7,000.00 in the 2007 Australian Crime and Violence Prevention Awards, ranking it in the top 8 programs nationwide and in 2008 won the Victorian Public Healthcare Awards. Minister's Award for Outstanding Team Achievement.

Northern Assessment Referral & Treatment Team

The Interdisciplinary Triage Team concept evolved from the Northern Assessment and Referral Team (NARTT) which was established in May 2003 initially funded as a pilot program by Crime Prevention Victoria. The program operates in the Police Service Areas covering the municipalities of Darebin and Whittlesea in the northern suburbs of Melbourne, receiving referrals from 3 x 24hr police stations and operates from Plenty Valley Community Health. The NARTT pilot evaluation of 2004 describe an effective Interdisciplinary Triage Team approach in detail. The evaluation found,

NARTT performs a valuable, effective and integral role in the local service sector. It is complementary to existing programs and services, adding value to the local service network; has met and exceeded funding agreement objectives; and has developed an outstanding and reliable partnership with partnership police stations, contributing to groundbreaking cultural shifts and opportunities for separate sectors to come together

After the introduction of the Integrated Family Violence Strategy Berry Street Victoria became the funded service provider for victims of family violence in the northern suburbs. They saw that the NARTT had strong support and respect from Police and reached agreement with Plenty Valley Community Health (PVCH was part of the consortium that was funded through DHS to provide services for both victims and perpetrators of DV) that referrals should continue through NARTT and

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4 In Victoria 4 x crisis referrals pathways exist if an immediate response is required; s. 10 Mental Health Act – provides for the apprehension and referral of persons believed to be suffering mental illness, Child & Young Person Act – provides for the mandatory reporting of child abuse, Women's Domestic Violence Referral Service - provides access to refuge accommodation & Centres Against Sexual Assault (C.A.S.A.) – provides for referral of victim of sexual assault.

5 Literature recognises there are relatively short "windows of opportunity" where people involved in crisis are most conducive to behavioural change.


9 Preventing Suicide in Youth: Taking Action With Imperfect Knowledge [http://www.childhealthpolicy.flu.us/research_reports_06/06r.pdf#IR-9-06-full-report.pdf]


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that they would outpost a domestic violence counsellor at NARTT to facilitate this, thus completing the make up of the Interdisciplinary Triage Team. This continued until July 2009 when a change at a statewide level saw formal referrals for victims of family violence being referred direct to the Domestic Violence Service, however, the strong link between the Berry Street and PVCH still remains. Significantly the number referrals to PVCH have not decreased, but have changed in nature.

To give some indication of the potential impact of an Interdisciplinary Team approach, NARTT received the following referrals between April & June 2010.

<table>
<thead>
<tr>
<th>Month</th>
<th>Epping</th>
<th>Mill Park</th>
<th>DFVRRS Rezerv</th>
<th>Whittlesea</th>
<th>Other (eg self referred)</th>
<th>Average (per Week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>61</td>
<td>25</td>
<td>32</td>
<td>4</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>May</td>
<td>47</td>
<td>20</td>
<td>26</td>
<td>3</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>June</td>
<td>51</td>
<td>28</td>
<td>23</td>
<td>2</td>
<td>6</td>
<td>27</td>
</tr>
</tbody>
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Since commencement the project has received over 3,500 referrals from over 370 individual police officers. People referred to NARTT who require further assistance have been on-referred to over 100 individual agencies. During 2007 NARTT received 904 referrals.

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An evaluation of 234 people referred, 1/7/2005 - 31/12/2005 showed those referred as offenders (n=53) who did not take up a referral had more than double the re-involvement rate with police within six months of referral, 27 engaged with 18 or 73% having no further involved compared with 26 who did not engage with only 7 or 33% having no further involvement. This was consistent with an earlier analysis.

**Funding** – Funding of NARNT has been an issue because of the unique nature of the program, as no community services funding streams provide recurrent funding for a program which is designed to operate with the police as its sole referring source. NARNT is a program that bridges the jurisdictions of health, justice and police, contributes to each, and yet it runs the risk of falling in between traditional sectoral silos.

**Replication of Concept**

Both Echuca Regional Health Service and Goulburn Valley Community Health Service have adopted this approach utilising existing services and receiving referrals for all ages, with Echuca launching its Interdisciplinary Triage Team, The Border Integrated Referral Team, on 28th March 2007. The launch and concept received excellent local electronic and print media coverage and support along the border area. In the first twelve months B.I.R.T. received over 200 referrals and the Shepparton Moira Integrated Referral Team (S.M.A.R.T.) is receiving approx 25 referrals a month.

**A rural perspective** -

As operational members we attend numerous incidents where the job we have responded to is often just a person who needs some time spent with them due to them being lonely, depressed, suicidal, suffering some form of financial hardship or dealing with relationship issues be that with a partner, sibling, child or parent. The job is often not a criminal matter. We don’t have the time, resources or expertise to stay with them & hear all their troubles & issues. This is why the BIRT system is such a useful tool. We find if they know someone will contact them & discuss their issues at length, there is some light at the end of the tunnel and all isn’t doom and gloom, which is often how it appears when we first arrive. The perception by the person concerned is also that we also care and have been of some assistance. Leading Senior Constable, rural Victoria.

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Police & Community Triage (PACT) Team

The most recent and significant development of the interdisciplinary triage team approach is that a PACT Team has received funding to be trialled in the Police Service Areas covering the municipalities of Bayside, Glen Eira and Kingston in Melbourne’s southern suburbs. Six police stations are involved. The pilot is supported by the Department of Justice and Department of Health and is working closely with the Department of Human Services, the Kingston Bayside Primary Care Partnerships, the Kingston, Bayside and Glen Eira Councils and numerous local services. The PACT Team will become operational in mid December 2010. This project has taken the interdisciplinary approach further with the inclusion of other emergency services including Fire and Ambulance as key players to the PACT Team and the use of specialist IT applications. For operational police the PACT Team has been put into the following context:

Have you ever been to a job where you’ve gone away thinking ‘we’ll be back at this address again’? Have you ever felt frustrated when you see on the MDT (Mobile Data Terminal) a familiar name or address that you are always being called to attend? Do you ever wish there was a better, easier way to link people who are frequent users of police and other emergency services into the service sector for ongoing, coordinated and effective support for their problems? Have you ever felt that if we solved these people’s problems, it’d stop us getting called back…..

Why PACT? - In our day to day duties, police on the frontline encounter a range of people in the local community experiencing some form of crisis or behavioural problem. This puts us in a unique and critical position – we have insight into a person’s life and problems, at a moment where they may be willing to consider seeking help (especially if they want to address the issues that have brought police into their lives). But we all know police are flat out responding to jobs and are very short on time, and frankly, it’s not that simple figuring out where and how to refer people sometimes. We also know that many of you want to make a difference, but can feel constrained by a lack of time or information.

International Experience

As NARTT was being developed in Victoria an arrest referral program was being successfully implemented across the United Kingdom. Evaluation of the British program has demonstrated benefits for police and for the community. A systematic review of the effectiveness of criminal justice and treatment programs in the prevention of drug related crime demonstrated that overall they work in reducing crime. High intensity programs were more likely to reduce crime than low intensity ones. There is also international evidence from evaluations of a number of diversion programs for people with co-occurring disorders, that they create positive outcomes for individuals, systems and communities. An outcome evaluation of the arrest referral program in the United Kingdom showed that it significantly reduced offending, re-arrest rates and self-reported drug use, amongst other effects. The interdisciplinary approach that has evolved in Victoria can be distinguished from arrest referral as the concept goes beyond drug & alcohol issues and has the capacity to provide a health and welfare response prior to criminal court justice system involvement. This evolution has largely been due to the foresight of the original co-ordinator and later clinical services manager at Plenty Valley Community Health, Mr. Raul Foglia.

In respect to Interdisciplinary Triage Teams purely in a community health care setting Canada appears to the most advanced, although on 12th September 2009, President Barak Obama made the following comments;

15 Sondhi op.cit
One of the key benefits health centers provide to the communities they serve is quality primary health care services. Health centers use interdisciplinary teams to treat the "whole patient" and focus on chronic disease management to reduce the use of costlier providers of care, such as emergency rooms and hospitals.

The following comments are a response to a Canadian research project and may seem "over the top". However they do reflect the tenor of comments made by many working in interdisciplinary Triage Teams in Victoria.

Wow! The interdisciplinary approach...how much I learned from that! From listening to people from another profession. From working with them, hearing their perspectives on things...piecing it together...I really felt that made me a much better practitioner, because I wasn’t doing tunnel-vision, I had a much broader scope. It also helped me have a much better understanding and respect for other professions, and what they do and what they have to put up with.\textsuperscript{17}

Feedback from those working in the teams in Victoria is that the relationship and communication with all partners, including police, has been enhanced leading to better outcomes for those referred.

Current Referral Gaps

The Victoria Police Mental Health Strategy Project identified that there are no clear referral pathways for people with mental health issues who do not reach the threshold of being apprehended under the provisions of section 10 of the Mental Health Act. Likewise gaps occur in respect to people, who could be identified as a victim but no crime is reported or where people have drug and alcohol issues, but do not fulfill the criteria for diversion or for more serious offending, bail support.

The Policy Context and Contribution

The NARTT program/Interdisciplinary Triage Team approach implements many aspects of key State government policies including the overarching policy frameworks of Growing Victoria Together\textsuperscript{18} and A Fairer Victoria\textsuperscript{19}. The health sector focus in Growing Victoria Together is on the quality and accessibility of health and community services. The NARTT program/Interdisciplinary Triage Team approach is an initiative to enhance access to health services for people whose health and welfare needs contribute to real or potential criminal behaviour. The NARTT model of, assess, prepare, refer and support, is a well developed example of the principles of the Care in Your Community Framework\textsuperscript{20} and is consistent with the evolution of government departmental policy, i.e.; Department of Human Services Departmental Plan 2008–09. Making a difference –

Provide place based integrated and coordinated delivery around the needs of people, rather than service types, professional boundaries, organisational structures, program funding or reporting requirements.

The focus of Growing Victoria Together, for police, is on community safety and crime prevention initiatives to reduce offending and re-offending. The NARTT pilot has been shown to effectively prevent re-offending by individuals with whom it engages. A Fairer Victoria is a policy framework to address social inequalities and emphasizes the importance of cross-sectoral initiatives in achieving this goal. NARTT is an effective cross-sectoral initiative and has been effective in one of the most disadvantaged regions of Melbourne.


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The concept also addresses the call for change outlined in "Because mental health matters: a new focus for mental health and wellbeing in Victoria – Consultation Paper published May 2008"

Across many sectors, the challenge is to improve linkages and access to appropriate support and treatment, particularly for vulnerable people who are clients of multiple government services. Changes specifically need to target groups that are currently falling through the gaps, or people not receiving timely, adequate or appropriate treatment early in the development of their illness or through the illness pathway.

.....the idea of an extended mental health system, embracing primary care agencies and social support providers as well as clinical services, has not yet been coherently developed. P.19.

Rethinking some of the boundaries and pathways that have guided service provision is critical. .....it requires new types of relationships and shared responsibilities for assisting people with mental health problems across sectors.

We need a concerted effort to break down barriers between services that prevent an effective response to those in need.

Similar comments are reflected in a raft of both Commonwealth and State government policy documents and similar aspirations could be applied to tackling, alcohol, drug, homelessness, child abuse and family violence.

Going Beyond Integration of Services within Sectors and Departments
More detailed expressions of these policies include strategies which guide integration; however, much of this integration is still within sectors, e.g. the Integrated Family Violence Strategy relating to family violence and Dual Diagnosis – key directions and priorities for service development21 relating to the better integration between mental health and drug and alcohol services. Similar developments are taking place in other jurisdictions22. A Fairer Victoria23 recognised that prior to the introduction of the Integrated Family Violence Strategy services were fragmented and inconsistent. In attempting to provide a more integrated approach it was recognised in Guiding Integrated Service Reform 2006-200924 that integration would not necessarily be easily achieved25. In order to fulfil Department of Human Services funding specifications many services have been required to form consortiums and partnerships to provide a response at a regional level to a range of services for both victims and perpetrators of family violence. The creation of Interdisciplinary Triage Teams will enable further cross sectoral integration of domestic violence services with other community services, that address, alcohol and other drugs, mental health and parenting and family services issues, to name a few, in order to


22 However, the response to family violence in Victoria is fragmented and inconsistent and there are high levels of re-victimisation and re-offending. In 2003-04, 36 per cent of family violence incidents attended by police were repeat attendances. http://www.office-for-children.vic.gov.au/...data/assets/pdf/file/0010/166977/fairer.vic.pdf

23 Guiding Integrated Service Reform 2006-2009 - In the implementation phase of the reform process, there is a risk that these components will be delivered as independent and unrelated services. A key priority of regional committees will be to ensure that these service components become a coordinated and coherent family violence service system, not a fragmented and disconnected set of service components.

24 Women's Health West Annual Report 2006-2005 CEO Report - The government's reform of family violence services has had a significant impact on this organisation and the sector. We have experienced two competitive tendering processes in one year, with a real risk of losing services that we've delivered successfully for over a decade. In response to the development of an integrated family violence service system, a key aspect of the government's reform, we have made strategic partnerships with a mix of other agencies to deliver services through a consortium structure. These policy driven changes have generated enormous stress and a need for continued cultural change within the sector. Our positive approach to the reform addressed a combination of external threats, new possibilities and our commitment to on-going, women-centred service outcomes by embracing new policy directions that will see family violence and other community services, police and courts, working together towards better outcomes for women and their children. We will work hard to ensure that this systemic change makes a meaningful difference to women's lives by identifying gaps such as the lack of prominence and resources for the prevention of violence against women and will continue to advocate for a stronger policy direction in this area.


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provide a more holistic response at a local level. Funded specialist family violence services will ideally form an integral part of the Interdisciplinary Triage Teams.

**Guiding Integrated Family Violence Service Reform 2006-2009** This guide "aims to provide enough flexibility to encourage and foster local innovation and improvements within the broad statewide frameworks" and recognizes that achieving culture change requires, "the development of feedback loops and good communication". The guideline recognizes the need to further develop, "collaborative partnerships, including referral pathways and protocols". The Interdisciplinary Triage Team approach addresses all these criteria.

**Primary Care Partnerships (PCP)** An Interdisciplinary Triage Team approach is also consistent with this strategy which is designed to improve co-operation between agencies to improve health service delivery and reduce the burden of ill health in the community.

**Public Value** An essential component of establishing public value is the creation of trust as portrayed below in what has been described as the public value diamond.

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**Public value in a 21st century knowledge-based democracy**

![Diagram of public value diamond]

Trust in public institutions, including police and health systems, is an increasingly important issue and one with significance for the effectiveness of those institutions. The importance of trust equally applies between different agencies of government. As the Interdisciplinary Triage Teams concept evolved it was realised an important component of establishing trust is the provision of timely feedback and that it should be provided in a variety ways. Feedback loops now include:

- The referring person being notified by email whether contact has been made and whether the person referred has engaged with the team.
- A monthly update is produced showing the number of referrals received and providing a short case study or statistics and importantly,
- where practical, rather than the referral forms being emailed or faxed the team members attend at the police station and pick up the referral forms from the muster room, thus providing further opportunities for feedback from both police and members of the team and providing a legitimate reason for the team members to be in the police station.

Anecdotal evidence indicates that trust between the police involved in NARTT, the community health service and the population group engaged by NARTT has been enhanced. Two principles underlie trust in public institutions – competence and caring. Competent performance of the institutions has become more visible and the processes used by NARTT demonstrate caring or concern for the wellbeing of clients.

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28. Mulgan, G. (2003) Public value, reform and innovation by Director Prime Minister’s Strategy Unit. [link]

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Governance & Management - Governance and management is established at a local level by all partner organisations being involved in management and governance teams, providing an environment where accountability by all partners can be monitored, maintained and reported upon.

Future Development

Trust and good will are essential components of an interdisciplinary approach. Interdisciplinary Triage Teams can be formed utilising existing resources, but as has been the case with Plenty Valley Community Health this requires a very strong commitment and puts enormous strain on the organisation31, as when a community adopts this approach the number of referrals increase rapidly. Additional team members are essential and enhance performance. This provides an opportunity to take an action research approach to the further development of the Interdisciplinary Triage Team concept. Additional funding would be provided for an agreed number of team members or an annual basis. Additional team members could include family violence counsellors, mental health professionals, drug and alcohol counsellors etc. Communities would apply for the allocation of the additional team members and approval would be based on their readiness and ability to adopt an interdisciplinary approach. Additional funding would also be provided to conduct ongoing evaluation and comparison with a number of similarly matched control communities. In this way communities are provided incentives and the interdisciplinary approach is continually evolving to meet local community needs whilst providing a high level of accountability and continual scrutiny of its effectiveness. Interdisciplinary Triage Teams are complimentary to other interdisciplinary approaches including the Youth Assist Program (YAP)32 and the Police Ambulance Crisis Assessment Team Early Response (PACER).33 Recent developments are encouraging.

Realistically, as communities demonstrate their readiness, Interdisciplinary Triage Teams can be established in each municipality in metropolitan Melbourne, with a number of outer suburban municipalities having two due to the size of the municipalities. In regional and rural Victoria current health catchments would be taken into account, as has been the case with the establishment of the S.M.A.R.T. and B.I.R.T.34 This is an opportunity for Victoria to be a world leader at the justice/health interface.

Conclusion

The outcomes of the NARTT pilot and the evolution of the Interdisciplinary Triage Teams concept have made positive impacts across policy sectors of health, justice and police. For health it is an early intervention program to reduce harm from family violence, drug abuse, mental health and other health and welfare issues. For justice and police it is an innovative and successful crime prevention program impacting on the prevalence of violent and non-violent crime. It has been effective in one of the most disadvantaged communities in Melbourne35. It has been demonstrated that the concept is readily replicated and that it has strong support from operational police, police family violence advisors, community service providers, community service managers, panels of health and crime prevention professionals and academic researchers and evaluators and is now gaining support at higher levels of policing, justice, health and government. Progress within Region 3 (North West) in promoting this approach in a regional centre and rural settings has been achieved through collaboration between operational police, PSA Managers and community service providers, in particular community health services. The future of the concept relies not only on the health and justice sectors of government agreeing to work in partnership to sustain and promote an effective program benefitting some of the most disadvantaged people in our community, but that a more realistic funding model is implemented to cross departmental boundaries and silos.

In summary, we know what we want to achieve, but we currently do not have a model to do it. The interdisciplinary approach has the potential to provide the key.

31 Ms. Gabriel MacTiernan CEO Plenty Valley Community Health.
34 In the Victorian context each Police Service Area in metropolitan Melbourne equates to a local government area and in regional, rural Victoria a Police Service Area is made up of two municipalities.

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Transition to an Interdisciplinary Triage Teams Model

Current

- Generalist, issue based, entry points
- Issue based approach leading to:
  - multiple referral pathways,
  - referral gaps,
  - failure to pick up people with multiple issues due to demarcation disputes and
  - an overly complex system for operational police & other referrer groups to navigate.

Interdisciplinary Triage Teams

- Referrer grouped entry points; e.g. Police, Emergency Services, G.Ps. Schools.
- Holistic Interdisciplinary Triage Team approach enabling a rationalisation of referral pathways.
- Delivered at a local level thereby creating an environment where trust can develop leading to commitment of all partners.

A whole of government approach, which benefits:
- those in need of assistance,
- Referrers,
- Community services by providing earlier intervention, enhanced communication between disciplines and more efficient and effective utilisation of resources
- Provides a better platform for the involvement of voluntary community organisations such as First Step, Whitelion and other mentoring programs.

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Rae Walker is an Associate Professor in Public Health at La Trobe University. Rae's field of expertise is health promotion with a strong organisational and policy emphasis. Since the late 1980s her research has focused on issues of partnership between primary health care organisations with a particular emphasis on the issues that make 'joined-up' services effective for clients. She has published extensively on partnership processes, most recently on the issue of trust in Primary Care Partnerships. Over the last couple of years Rae has been developing a program of research into community level violence with the goal of enhancing the evidence base for agencies to use in service planning. She has a long-standing interest in women's health going back to the first women's health service established in 1975, and is currently an active member of the Nillumbik Women's Network which is working on community level prevention of violence against women.

John Thexton is a member of Victoria Police with 36 years experience. He has performed extensive duties as a detective, including five years as a Detective Senior Sergeant in the Victoria Police Drug Squad. He has also performed duties as a police prosecutor. As an inspector he has been involved in developing a number of programs working with other agencies and local government. He holds a master degree in leadership and management (policing) and a Diploma in Alcohol and Other Drugs.

Elleni Wellings completed the 2004 evaluation of the Northern Arrest Referral Team. Elli then went on to complete evaluations of a number of other Victorian justice initiated programs, being; the Home Based Detention Scheme in 2005-2008, the Sex Worker Arrest Referral Initiative in 2007 and was the research fellow for the Court Integrated Services Program. Elli is completing a PhD thesis entitled Diversion in Victoria, Implementation and Impact and has since graduated as a sworn member of Victoria Police. Elli is also an accomplished fencer at the national level winning a silver medal in the Commonwealth Fencing Championships teams event held in Ireland in September 2006. She currently coaches several members of the National Junior Championship Team. Most recently Elli has been appointed as the Project Manager for the Police & Community Triage Team project.

Raul Foglia is a psychologist and held the position of Clinical Coordinator, Counselling and Support Team with Plenty Valley Community Health until 2009. Raul has extensive practical experience in the drug and alcohol field and he and his team was largely responsible for the evolution from an issues based program to an Interdisciplinary Triage Team approach capable of receiving referrals for a wide range of issues. This evolution has involved a particular emphasis on the development and maintenance of trust between police, the Interdisciplinary Triage Team and other service providers. Plenty Valley Community Health continues to support the interdisciplinary concept.

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